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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Ligature of the Common Carotid on Account of Hemorrhage following the Puncture of an Inflamed Tonsil.—On Wednesday last Mr. Stanley performed, at St. Bartholomew's Hospital, the operation of ligature of the common carotid under the following circumstances: A delicate-looking man, aged 24, had been admitted on Monday night, with the history that on the previous Friday a surgeon had made a puncture in his left tonsil, and that successive attacks of hemorrhage had since occurred. It appeared that he had been subject to attacks of inflammation of the tonsil for some years. At the time of the incision the loss of blood had been considerable, but not so much as to prevent the man from walking to his home. He considered himself at the time to have been much relieved. All went on well up to Monday night, when the bleeding recurred. At the time of his admission he estimated his loss of blood at about a pint. The solid nitrate of silver was applied to the part with the effect of apparently arresting the bleeding for a time. Early in the morning, however, another hemorrhage took place, and the nitrate of silver in solution was again resorted to. Between ten and two o'clock he had lost about a pint and a half of florid blood. At two o'clock (the time of Mr. Stanley's visit), a consultation was held, and it was decided to try the application of ice, and, should the bleeding still continue, to apply a ligature to the common carotid. From this time until about two o'clock in the afternoon of Wednesday, the loss of blood was very trifling. About the last-named hour, however, a relapse occurred, and about half a pint of florid blood was lost. A consultation was again held, and Mr. Stanley decided at once to resort to the

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operation. The operation was performed in the usual manner, and quickly accomplished.

On the morning following the operation, we were glad to learn that the subject of the above case was doing well in every respect. No cerebral symptoms had occurred, nor had there been any return of the hemorrhage. We shall, of course, revert to this interesting case at some future time, and acquaint our readers with its further progress.—*Med. Times and Gaz.*, Oct. 29, 1859.

—

Severe Hemorrhage from the Tonsil arrested by the Solution of the Perchloride of Iron.—The following case of severe hemorrhage admirably illustrates the beneficial effect of the perchloride of iron as a styptic. Mr. Henry Thompson was called to see it at the Marylebone Infirmary, at midnight, on the 22d of October, and took with him a bottle of the solution of the perchloride of iron (French Codex), and a glass brush. He found a woman propped up in bed, pale and almost pulseless, with a large vessel of coagulated blood at her side, and the bed clothes bespattered in every direction. She could not speak so as to be understood, and finding that she was bleeding from one or both tonsils, Mr. Thompson passed his finger into the fauces, and discovered a small opening, as if from incision previously made, in the front of the right tonsil; blood was evidently flowing fast from it. Binding a piece of lint round the entire left forefinger, so as to form a mop, pressure was kept upon the wound, until he could apply the solution, which was done freely two or three times. This at once arrested the bleeding, which recommenced in a quarter of an hour, and was again stopped by the same plan. There was no return after this, and she is now recovering rapidly.

In default of the aid thus rendered by the styptic solution, Mr. Thompson had made up his mind to tie the carotid artery; but the efficacy of the treatment was so striking, that the operation was not required.

There can be no doubt, as in the foregoing case of Mr. Stanley, that the carotid artery was punctured in the following instance, the notes of which were taken by the house-surgeon to the Infirmary:—

Sarah O———, aged thirty five, charwoman, married, was admitted into the Marylebone Infirmary on Saturday, the 22d of October, at twelve o'clock, midday, with acute tonsillitis. At half past ten the same night, considerable hemorrhage set in, when she lost altogether about three pints and a half of blood. The hemorrhage continued till after twelve o'clock, the blood being continually coughed up in large red clots. She states that a surgeon saw her on the previous Thursday, and that he lanced the throat (she does not know on which side). No pus, but about a pint of blood, was lost. The next day he lanced the other side, when about half a pint (as well as she could judge) of clear blood came away. From that time she had no bleeding up to half past ten o'clock on the next night (Saturday). No blood was lost after the application of the iron. Has been doing very well ever since. The house-surgeon found, by measurement with water, that there were three pints of blood in the vessel, besides the quantity about the bed, making quite the other half pint.—*Lancet*, Nov. 19.

—

Epithelial Cancer of the Lips.—Isolated examples of this form of cancer of the lip are occasionally presented to the notice of the pupils at the different general hospitals in London, and, when the disease has not extended too far, it is removed by operation. On the occasion of a single visit to the Cancer Hospital, we observed the following cases:—

A man, sixty eight years of age, had the left side of his lower lip affected for a year with a distinct epithelial cancerous ulceration, slowly enlarging. It had now almost entirely healed by the application, three times a day, of equal parts of almond oil and solution of diacetate of lead (two drachms of each). This has a soothing and drying-up effect, and absorbs the surrounding induration.

Another man, sixty-one years of age, had been the subject of cancer of the middle of the lower lip for fourteen years. It had been removed ten years ago, at St. George's Hospital, but recurred some time afterwards. From being very large it had diminished to the size of a shilling, and was drying up or scabbing over by the simple application of distilled vinegar and Goulard's lotion.

A third example was that of a man, fifty-eight years of age, with the same disease affecting the left side of the lower lip for four years. He had never been operated upon, and was being treated with apparent advantage by the local application of spirits of turpentine three times a day.

A man, aged forty five, had his lip and submaxillary glands affected. The diseased part of the lip was excised by Mr. Stanley, at St. Bartholomew's Hospital, about eighteen months before, the whole duration of his disease having been now three years. The lip remained well after the operation, but the glands in the submaxillary space of the same side of the neck began to enlarge and suppurate shortly afterwards. This is not a favourable case to treat, from the deep extension of the disease; but, under the use of an embrocation of lead, with tonics, the man was greatly improving.

A Chelsea pensioner, aged seventy one, had a cancer removed from the right side of his lower lip two years ago, by Dr. Marsden, at the Cancer Hospital, Brompton. The disease returned, but has dwindled to a mere scale or superficial scab by the use of the soothing lead lotion.

In these five cases, which we had the opportunity of thus seeing together, there was an absence of the offensive secretion usually observed. The sores had a healthy appearance, and the patients felt that they were getting better. Without exception, all had been old smokers, and the disease was evidently traceable to the unglazed stem of a tobacco pipe. In none did it appear to be specially inherited.

On the 19th July, two cases of cancer of the lower lip were submitted to operation at Guy's Hospital. The first presented the usual characters of the epithelial form of the disease, occupying the right half of the lip, involving the mucous membrane. It was removed by Mr. Hilton by a V incision, and the edges of the wound were brought together by needles. The second was a case of greater interest, in a middle aged man, in whom there was no breach in the continuity of the mucous membrane, but a distinct tumour occupied the middle of the lower lip, projecting forwards. It was excised, in a manner similar to the previous case, by Mr. Birkett. On making a section of the tumour, it was found to be a distinct nodule of true carcinoma, of the size of a marble, and with none of the characteristics of epithelioma about it. Both of these patients were old smokers, but it was only in the first that the disease could clearly be traced to the effects of the stem of the clay pipe. Union by first intention ensued in each case —*Lancet*, Sept. 17, 1859.

Insensibility from Attempted Drowning; Recovery after Two Hours by the Marshall Hall Method, with other Treatment.—Although the period of submersion in the following case could not be ascertained (it was probably under four minutes), yet it was long enough to produce complete insensibility and asphyxia, which continued for two hours after admission. The pulse at the wrists was imperceptible, but the heart could be heard beating very feebly on listen-at the walls of the chest; and so long as the circulation continues through the great central organ, it is an encouragement to persevere in efforts to restore life, even in apparently most hopeless cases. When the heart's action ceases entirely, the general conviction is. that the success of exertions to restore it is very doubtful; and it will be recollected that the officers of the Royal Humane Society, whose experience in cases of drowning is considerable, state that a recovery is rare when individuals have been more than four or five minutes under water. In the subjoined case, the Marshall Hall method, assiduously applied, conjoined with other measures, proved successful in restoring animation, and a recovery ensued.

Mary T———, aged twenty-two, a robust woman, in service as a cook, was brought into Westminster Hospital, in August last, having attempted to destroy herself by drowning in the Thames, near Westminster bridge. She was quite insensible, her pupils dilated, her extremities cold, face and lips rather livid, and the pulse imperceptible at the wrist. The heart could be heard beating very feebly beneath the mamma. She was at once stripped of her wet clothes, dried, and wrapped in blankets, her head and shoulders being raised. Dr. Marshall Hall's method was then adopted, diligent friction from below upwards being at the same time employed. Snuff and other irritants were applied to the nostrils, a strong mustard poultice placed over the heart, and brandy, which she was induced to swallow only with considerable difficulty, was given freely from time to time. This plan, which was quite successful, was persevered in for nearly two hours, in the course of which she twice, by convulsive twitchings of the facial muscles, &c., gave signs of returning animation, but on both occasions relapsed into a state of profound stupor. After two hours, however, consciousness and respiration were fairly established, and the patient was removed into St. Margaret ward, where she is rapidly improving under the care of Dr. Fincham.

It may be mentioned that a sulphate of zinc emetic was administered, and relieved her, after her removal to bed, of a quantity of undigested food and Thames water.—*Ibid.*

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Birth of a Child through a Central Rupture of the Perineum.—As is well known to every accoucheur, when the perineum becomes ruptured during labour, it is generally from before backwards. It sometimes happens, however, that instead of the laceration occurring in that manner, the perineum is perforated at its centre by the head, and the child is born through this opening without passing by the os externum or vaginal outlet. This is a very rare form of injury, and is noticed in Dr. Rigby's *System of Midwifery*, p. 113.

At the present time there is a young woman in St. George's Hospital, who was recently confined of her first child (illegitimate). She was in labour from two o'clock in the morning until five in the afternoon; the head had well descended, and the perineum was carefully supported by a practitioner attending upon her, who observed that there was no disposition for the vaginal outlet to dilate, and permit the head to be born; but the perineum was enormously distended. Suddenly the centre of the perineum ruptured, and the head forced its way through, followed by the body of the child. Birth, therefore, took place without emergence from the os externum. She was subsequently admitted into St. George's Hospital, and is now under the care of Mr. Pollock. She was examined by Dr. Robert Lee, who observed that he had not seen a similar instance, and that it was one of great rarity. The edges of the rupture were brought together by Mr. Pollock; but the sutures ulcerated through, and now suppuration is going on between the lips of the wound. The rectum and anus are intact. The rupture commenced in front of the anus, and extended in two directions—on the right side beyond the vagina in an oblique direction, and on the left to about half the distance, leaving a tongue-shaped flap of integument pointing towards the anus. The parts have, however, considerably contracted since her labour, although the longest wound is nearly three inches in length.—*Lancet*, Nov. 19.

LECTURE.

Lecture on Sudden Death in Infancy and Childhood. Delivered at the Hospital for Sick Children, Nov. 12, 1859, by **Charles West**, M. D., Physician to the Hospital.

Gentlemen: A thorough investigation into the subject of *Sudden Death in Infancy and Childhood*, in all its bearings, would imply most minute research into some of the most difficult problems in physiology and pathology; a task for which I must own myself unequal, and one for which a single hour affords no sufficient time. But still, regarded even in its most obvious bearings, it must always be well worth the while of the practitioner of medicine to know when to be on the look out for sudden danger, or when, on the other hand, he may rest quiet in the certainty that, be the perils of a disease what they may, they will increase by but slow degrees, and ample warnings will precede their fatal issue.

The occurrence of sudden death in infancy derives part of its importance from the frequency with which it happens. It appears that out of 627 instances in which death took place suddenly within the London registration district in 1854, 236 were cases of infants under a year old. From that time, however, until with advancing years the processes of decay begin, sudden death is an accident of extreme rarity—so rare indeed that between the age of one and five years only thirty-six instances of its occurrence were met with; or not more than an eighth of the number stated to have happened in the first year of life. These statistics, however, do not by any means represent the subject in the full extent of its practical importance; for we are concerned, not with those cases only in which a state of apparent health is cut short by unexpected death; but also with those still more numerous instances in which disease, seemingly not grave, or at any rate apparently attended by no pressing danger, ends all at once in death.

When sudden death occurs in the aged, or in those in middle life, the anatomist is generally able to point to some definite cause of its occurrence; the cerebral vessels, rendered fragile by calcareous deposits in their coats, have suddenly given way, and allowed of the effusion of blood upon the brain; or an unsuspected aneurism has burst, or the heart's walls themselves, weakened by fatty degeneration, have torn; or some ulcer of the stomach or intestines has perforated the thin membrane, and the escape of the intestinal contents into the abdominal cavity has produced intense peritonitis, and speedy, if not immediate death. The machinery, in short, is found to have been at fault; its movements have ceased, as do those of the watch whose main-spring is broken. In childhood, however, we scrutinize the frame, a few moments since so full of life, now still for ever, and yet fail to discover why it has ceased to move; the cause which stopped it had done no irremediable damage, had left, perhaps, scarcely a trace of its effects; it was but momentary in its action, and could we set the machinery once more in movement, there seems no cause why it should not again perform its functions as harmoniously as before. Or, if we do find some flaw in its completeness, yet, even that is seldom such as time might not have remedied, still more seldom such as by its nature to give account of the suddenness with which all the processes of life were arrested.

A little boy, eight months old, had cut two teeth at six and a half months, had always seemed well, save that now and then his hands were a little clenched, and his thumbs drawn into the palm. His bowels were slightly constipated; a small dose of castor oil was given him. He swallowed it readily, but had scarcely done so when he stretched out his tongue, his face turned livid, but was scarcely at all distorted; he did not struggle, he uttered no cry—scarcely a sound passed from him, and he was dead! —dead with no trace of disease; from mere momentary spasm, which, for a few seconds, stopped his breath; which, had it ceased sooner, would have left no cloud upon his face. nor quelled for a quarter of an hour his cheerfulness.

I have related this case, not merely because it serves as a specimen of the way in which in early infancy life is not infrequently cut short without any trace of local mischief being discoverable; but because it illustrates the fact that it is by sudden interference with the respiratory process that such death is oftenest produced. The suddenly fatal apoplectic seizures which we observe in the adult, scarcely ever occur in early life, nor do we often meet, except in instances of congenital malformation, with sudden death dependent on disease of the heart. But in the course of all affections which seriously interfere with the process of respiration sudden death is a contingency for which we should always be prepared, and this especially in proportion as the disturbance of breathing partakes of a spasmodic character.

Now, of all the forms of spasmodic disorder of respiration, that to which the name of spasmodic croup, or laryngismus stridulus, has been given, is by far the most frequent; and to it, probably, three out of four of the sudden deaths of children under one year old, are due. It is not that this ailment is generally fatal; for in proportion to the frequency of its occurrence, the mortality which arises from it is small; but it is that the fatal event is apt to be very sudden, which accounts for the anxiety wherewith its symptoms are watched by those who understand their import.

In early life, as you are aware, the excitability of the nervous system is far greater than in later years; and slight causes make a deeper impression, and produce a more profound disturbance, while the controlling power of the brain is smaller than it becomes in after life. In infancy, too, the sources of irritation are especially numerous; the branches of the trifacial nerve during the whole period of teething; the pneumogastric nerve, whenever, with a change of diet, food is taken that is not well assimilated; the spinal nerves, when intestinal disorder or diarrhœa is produced, are so many centres, whose disturbance when once excited betrays itself in the thumbs drawn into the palm, in the somewhat hurried breathing, in the partially closed larynx, and the peculiar crowing sound which that occasions with each inspiration, and which disturbance need increase but a little—but for a moment—to produce complete closure of the larynx, and sudden death. For days—for weeks, perhaps—these trivial symptoms may continue; and if I now insist on their importance, it is because they are often accompanied by but little disorder of the general health—because they are seldom dependent on disease of the brain, or remediable by remedies directed towards it—because they often are so slight that the anxiety of parents is hardly excited by them, and the watchfulness even of the doctor is apt to fall asleep. I do it also because the avoidance of the dangers they betoken depends on the observance of a number of minute particulars which may seem scarcely worth the notice; because sudden noises, which startle—a rapid change of temperature, which chills the surface, though only for a moment—a rude awakening from sleep—or even an over-hasty or an over-full meal, which interferes with the descent of the diaphragm—any cause, in short, that deranges the regular rhythm of the respiratory movements, may give rise to spasm, and this spasm may prove suddenly fatal.

In the out-patients' room of this hospital you will see many such cases; and it is no bad exercise to learn to notice and to interpret signs that would readily escape the eye of the unobservant; although they are the indications of a state of system in which, while the prospect of well-doing vastly preponderates, yet the chances of sudden death are never to be lost sight of.

In cases of this description, too, when once convulsions have occurred, a new element soon comes into play, which aggravates the danger and increases the frequency of the attack. The blood imperfectly depurated, if the disturbance of respiration has been considerable, seems in itself to exercise an injurious influence, by increasing the irritability of the nervous system, and thus promoting the return of the attack. If once convulsions have occurred, the probability of their recurrence is much increased; and the oftener they have happened, the more often are they likely to return, and the graver is the prognosis which you are compelled to form. This rule holds good, too, not with reference merely to spasmodic croup, but with reference to all spasmodic affections of the respiratory organs, and hooping cough affords one of its best exemplifications. In some fit of coughing more violent than any of the others, the spasm of the larynx is of longer continuance, the face grows livid, a fruitless expiratory effort is made, and before the spasm relaxes a convulsion takes place. This convulsion is but very seldom a solitary one. You notice that for hours it is succeeded by very accelerated breathing; by which, however, the blood is very imperfectly depurated, as you see by the lips, which never resume their natural colour. At length the disturbance once more reaches its climax, and another, and then another convulsion occurs, with a gradually diminishing interval, until death takes place. If, in such circumstances, you watch a child, you will notice how carefully it avoids every movement—how it remains in the same posture, occupied apparently altogether with the business of carrying on its respiration as gently and quietly as possible. Change its posture rapidly, excite it by sudden entrance into the room, disturb it by a violent emetic—interfere, in short, in any way with the regular steady performance of its respiratory movements—and convulsions will come on, and in these convulsions death is likely to take place.

Some years ago I learnt this lesson in the case of a little boy, six years old, in whom hooping-cough set in with great oppression of the respiration, though that was out of proportion to the signs of local mischief detected on auscultation. I treated him with greater activity than I should now do, and gave him tartar-emetic, which failed, however, to reduce the frequency of his respiration, or to improve his condition. Still his state was one suggestive rather of anxiety for the future than of present danger. He was breathing carefully, anxiously, as though respiration were a function which required all his attention for its performance. Wishing to auscultate him, I had him lifted out of bed on to his mother's knee; but scarcely had he assumed the upright posture when a fit came on, in which he struggled much, his face became livid, almost purple; and though in less than three minutes the convulsion was over, it left him ashy pale, with a very feeble pulse, and perspiration streaming from every pore. He lived for thirty-six hours longer, but his respiration never resumed its natural frequency; a second fit occurred, six hours after the first; and then a third, which rendered his pulse still feebler. He lay now on his back, uttering a piteous moan, his face livid and miserable, his eyes dim, and though his pupils acted naturally, he yet complained that he "wanted more light." A fourth fit lasted several hours, and left him insensible; with the death-sweats on his face, and his eyes distorted, then came a fifth, which lasted for but a few minutes, when he died tranquilly.

There were here no morbid appearances in the brain, the lungs were extensively congested, and their lower lobes were in the first stage of pneumonia. The blood was imperfectly aërated; but, even so, while no demand was made for more adequate performance of the respiratory function, dangerous symptoms did not appear. The child's posture was suddenly altered, his circulation quickened, attempts at more frequent respiration in order to keep pace with the increased necessities of the system did but issue in an attack of spasm, and another, and still another, returned causelessly, till at length what we can scarcely call other than a *needless* death occurred.

There would be no difficulty, if time allowed, in multiplying illustrations; but it is scarcely necessary to do so, and we may sum up the chief conclusions, to which thus far we have been conducted, as follows:—

1. That sudden death in infancy and early childhood is most frequently dependent on spasmodic disturbance of the respiratory process.

2. That the occurrence of a single convulsion from such spasm renders it in the highest degree probable that others will follow it; and consequently implies a far greater risk of sudden death than exists so long as no such convulsion has taken place.

3. That when any spasmodic disorder of respiration is present, it is impossible to be too careful in avoiding any sudden impression on the nervous system, any sudden change of temperature, any hasty alteration of posture; in short, any cause whatever by which the respiratory process may be disturbed.

The next fact, to which I desire to call your attention, is the occasional occurrence of sudden death wholly independent of spasm, but in consequence of the sudden attack or extensive invasion of the respiratory organs by disease.

One of the simplest illustrations of this occurrence is met with in those instances in which the lung has been but imperfectly expanded at birth; the child in such circumstances lingering with lessening powers and increasing weakness, till life comes to an end after the lapse of a few hours, or days, or weeks. Such death is very often sudden, and not infrequently preceded by convulsion; and this, although nothing in the infant's condition a few hours previously had indicated that it was less well, or that anything had diminished its chances of surviving its early difficulties.

Something of the same kind you may occasionally observe when—in the course of an attack of bronchitis or pneumonia—a large extent of lung has suddenly become collapsed, and the amount of breathing surface has thus been lessened considerably, and all at once. Such an accident is likely to happen in proportion to the tender age of the child, and its possibility is always to be borne in mind as governing your prognosis, and as suggesting an explanation of the otherwise inexplicable death of a patient. The frequent visits to a young infant suffering from pneumonia, the often-repeated auscultation, the minute watching of little indications of its condition, have reference to such contingencies; the attention to its posture, the keeping its chest somewhat elevated, the not allowing it to lie long on one side, but shifting it frequently from the one to the other, are precautions prompted by a knowledge of the fact that collapse of the lung may take place suddenly, and that its sudden collapse may be followed by sudden death.

Now and then, though far more rarely, mere bronchitis or mere pneumonia is the occasion of sudden death in early life; and this sometimes even when neither the extent of tissue involved, nor the stage which the inflammation has reached, is adequate to account for the fatal issue of the case.

Just twenty years ago I saw a little boy aged one year and eight months, who was reported to have had a slight feverish attack for a few days before he came under my care. This still persisted, and on auscultating him a slight mucous *rale* was heard at the base of both lungs. At the end of four days he seemed a little better; at 5 P. M., he took some food with appetite, but at 9 P. M. he suddenly became faint, seemed dying, and actually died at two o'clock in the morning. No explanation of this sudden death was furnished by the post-mortem examination, which discovered only that the lower lobes of both lungs were in the first stage of pneumonia.

In M. Louis' *Memoir on Sudden Death*, that distinguished physician, though treating of it in the adult, subjoins in a note[1] the history of a little girl four years old, who was suddenly seized by convulsions when apparently in perfect health on January 4. The convulsions were brought on apparently by a violent quarrel. She soon recovered from them, but was attacked thirty-six hours afterwards by shivering, followed by heat, cough, and pain in the left side where the auscultatory evidences of pneumonia were perceptible. She improved under treatment, and, on January 11, was decidedly better. In the evening she was cheerful, sat up in bed and played with her toys as if she were well. At ten o'clock she went to sleep, woke and coughed at midnight and at three in the morning. On the latter occasion the cough soon ceased, and the child began talking to her mother, and complained that she had not stayed with her all the night. While uttering the word she died.

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[1] Mémoires ou Recherches sur diverses Maladies. 8vo. Paris, 1826, p. 501, note.

In this case it was thought that the right half of the cerebellum was somewhat less firm than the left; but the only condition which could be termed actually morbid, was presented by the lower lobe of the left lung, which was in a hepatized state for rather less than half of its extent.

I have related these cases in order to impress on your minds that the degree or extent of pulmonary inflammation is not an absolute measure of its danger in early life; but that sometimes death occurs suddenly as an indirect result of the interference with the respiratory process I can only tell you the fact; I regret that I do not know of any criterion by which to distinguish the cases in which this sudden termination is most likely to happen.

Another class of cases in which disorder of respiration may be followed by sudden death comprises those instances where serous effusion takes place suddenly into the cavity of the pleuræ.

A little boy, not quite three years old, whose health had never been very robust, was brought as an out-patient to the Children's Dispensary, in Lambeth, on June 11, 1847, on account of a chronic impetiginous eruption on his scalp. On the night of June 12, he suddenly became hot, and his chest was much oppressed, but on the following day he was well enough to be out at play in the garden, and, on the 15th, was drawn a mile and a half in a perambulator to and from the Dispensary, when I saw him for the first time. He looked pale and ill, was feverish, and breathed with a wheezing noise; but there was nothing about him indicative of serious mischief; and in the hurry of prescribing for a large number of patients, I regarded him as probably a phthisical child, who had caught cold recently; I ordered some simple medicine for him, and at 1 P. M. he returned home. At three o'clock the same afternoon he suddenly became much worse, was very faint, breathed with extreme difficulty, and died at eight o'clock the next morning. Some serous fluid was present in the abdomen, and about ℥vj in either pleura, by which the lower lobes of both lungs were so compressed as to be almost destitute of air; but there were no signs of inflammatory action, and no other morbid appearance.

In some of the cases death is far more sudden. A little boy, aged 8 years, was attacked by moderately severe scarlatina. Slight anasarca appeared on the nineteenth day, which had somewhat increased, but was accompanied by no urgent symptom, on the twenty second day, when he walked a distance of two miles without suffering serious fatigue After a rather restless night, he rose to relieve his bowels, and there was so little suggestive of danger in his condition, that his mother left him for a few minutes alone. On her return, he seemed faint, the bowels having acted but scantily. He was replaced in bed, when he immediately began to struggle faintly, and in five minutes was dead.

The lungs were compressed by abundant serous effusion into each pleura, and the pericardium also contained four ounces of fluid; but there were no other morbid appearances, with the exception of some congestion of the kidneys.

In any case, then, of dropsical effusion in early life, it behooves you to bear in mind the possibility of its very rapid increase; of the outpouring of serum into the cavity of the chest so suddenly and with so little warning as to endanger or even to destroy life. Just, too, as I have warned you in other circumstances, that hurried movements, bringing with them sudden changes in the circulation, and sudden demands on the respiratory function, cannot be too carefully avoided; so, in these cases, is the same precaution preëminently necessary. If the child had not travelled in its perambulator in the one case, had not been allowed to get out of bed unaided in the other, death would probably not have occurred when it did—would possibly not have occurred at all.

It seems, then, contrary to what were most probably your preconceived impressions, that sudden death in early life is most commonly due to some disturbance, direct or indirect, of the respiratory function; that either sudden spasm arrests it, or, disease having interfered with its perfect accomplishment, some sudden demand for its complete exercise issues in the sudden stand-still of the whole machinery. Neither, indeed, does disease of the brain itself stand next in importance among the causes of sudden death; but after these cases in which death may be said, in technical language, to take place from apnœa, come those in which it depends on asthenia; in which life goes out for want of nervous power to keep the vital functions in activity.

It is in this manner that sudden death is apt to occur in diarrhœa; it is thus, too, that it sometimes takes place in early infancy when over-active treatment has been adopted for the cure of pneumonia or bronchitis; or when, independent even of over-treatment, the attention has been so engrossed by the *disease* that due care has not been taken to provide for the nourishment of the patient. This class of sudden deaths, though by no means rare, may be said to be almost needless, inasmuch as its occurrence may, by due foresight, be almost always guarded against. The accident is perhaps more likely to happen and more difficult to prevent in the course of diarrhœa than of most other disorders, since the infant is exhausted not merely by the abundant discharges, but also in many instances by the severe pain which accompanies them. The danger, too, is great in proportion to the tender age of the infant; and it is in relapses of diarrhœa that the hazard is most considerable, and the warnings which foreshow it are the slightest. A return of the disorder of the bowels, which for some hours, or for one or two days, had seemed diminishing, has rekindled the apprehension of relatives; when, once again there comes a diminution of the previous apparent distress, a lessening of the restlessness, a quieting of the previous plaintive moan; and though the diarrhœa is not much diminished, yet at any rate the disorder of the bowels is not growing worse, and probably has at no time been so considerable as at its first onset. The apparent good is hailed with joy; the fact that this change may after all import evil, not good, is lost sight of; the little things which show their real meaning are not noticed, probably not observed, for they are nothing more than a slight dilatation of the pupils—so slight that in the darkened chamber it is not noticed; an apathy to external objects and sounds, which seems, perhaps, to be only the good result of the hushed stillness maintained around the darling's cot; a loss of the power of generating heat, which the tender officiousness of the mother renders almost imperceptible. Such, however, are often the only precursors—the harbingers, if you understood their mission, of the sudden collapse which, in an hour or two, is followed by a death as quiet often as a falling asleep.

Even these premonitions are not always seen, but when young infants are already much exhausted, the disturbance of the nervous system, slight though we may fancy it, which accompanies the action of the bowels may suffice to upset the whole balance of the functions. A slight convulsion, a sudden dilatation of the pupils, a momentary sigh, and all is still in death.

Should I do nothing more, I shall be well content to-day, if I can impress upon you how little things are to be noticed, little precautions to be observed, little dangers to be avoided in the diseases of infancy and childhood.

Though it is in the course of diarrhœa that the danger of sudden death from exhaustion is most to be watched against, yet your own experience will suggest to you many other circumstances in which you are likely to encounter it. You will meet with it in cases of pulmonary inflammation; the disorder of the respiratory function of itself disturbing the nervous system, and predisposing to the same occurrence which your active treatment (necessary, perhaps, at first, though now too long continued) tends in another way to produce.

I remember being called to see an infant three months old, who had had a slight attack of bronchitis complicating measles, for which it had been treated very judiciously by its medical attendant. The mischief in the chest was clearing up, the child was much better; anxiety was almost over; when suddenly the inspirations became again hurried, the pulse extremely rapid, the child took no notice, it seemed dying. The explanation of these symptoms, however, was not far to seek; the infant was at the breast, but its mother herself was ill, her secretion of milk scanty; her babe had but little power to suck, and got but little even of the small amount of nourishment which there was for her; in a few hours more her death all but suddenly would have taken place. A few drops of brandy revived her, a meal of ass's milk renewed her strength, and in a few hours the transition from imminent peril to perfect safety was complete.

One word more of caution applicable to the management of convalescence from all exhausting diseases in early life. Too great care cannot be taken that no needless exertion is made, no sudden change of posture permitted, no protracted withdrawal of nourishment allowed even during the hours of sleep. Some years since, I watched a little boy through severe remittent fever; the grave symptoms were at an end, and though the child was extremely weak, convalescence was fairly established. He had restless nights, however, on which account a small dose of Dover's powder was given him towards evening He slept the better for it, though still waking up, and taking food during the night. On the third night the same dose was again given him; he slept so well that his nurse did not like to disturb him; she lay down beside him and slept too, when morning came he was dead, he had passed away quietly in his sleep. I have never since forgotten the danger, nor omitted to caution the attendants of a child, that they must still be watchful, even when recovery seems most certain.

And now I have enumerated a great variety of circumstances in which sudden death may take place, but yet have not spoken of disease of the nervous centres themselves as tending to its production. I did so advisedly; for in spite of the extreme susceptibility of those organs to disturbance from causes almost numberless, yet it scarcely ever happens that structural changes are discovered in them sufficient to account for sudden death; though, as I scarcely need remind you, actual organic disease of the brain is even more frequent in the child than in the adult. Of twenty-one instances of sudden death which occurred in infants under three years old in the city of Ratisbon, M.M. Herrich and Popp,[1] whose official duty it was to make an examination of all such cases, did not meet with one in which any important morbid appearance was discovered in the brain. For this fact I imagine the two most important reasons are:—

1st. That in early life the cerebral vessels have not undergone those changes by which, in later years, their coats are rendered brittle, and they are disposed to give way.

2d. That the unossified skull, while it allows during infancy and early childhood, of a greater fluctuation in the quantity of blood circulating through the brain than is possible when ossification is complete, yet, at the same time, renders such changes far less serious; the yielding *fontanelles* and unclosed sutures allowing of the ready adaptation of the organ to its varying contents. Even the actual effusion of blood into the cavity of the arachnoid seldom causes immediate death, but oftener is the first step in the production of a hydrocephalus which lasts for months or years, a standing illustration of the power of the skull to accommodate itself in early life to great changes in its contents, and of the brain to discharge its functions under conditions which, at first sight, would seem of necessity to preclude their performance.

That most intense congestion too consequent on sun-stroke, of which we see instances now and then even in our temperate clime, generally subsides in the course of a few hours; and oftener than might have been expected it passes away without leaving behind any evidence of abiding mischief having been inflicted on the organ whose circulation had been so rudely disturbed.

Now, from this sketch, very short and very imperfect as I full well know it to be, some lessons of practical value may still be gathered. Of them, the chief are—

1st. That in the great majority of instances, when death suddenly befalls the infant or young child, it is an *accident:* it is not a necessary inevitable result of any disease from which it is suffering.

2d. That the danger of this accident happening may often be foreseen, and that such foresight is not hard to attain by any who will cultivate the habit of minute observation. I read a few days since of how the elephant-hunters in Ceylon,[1] when tracking that sagacious beast through its native forests, since on account of his acute sense of smell "it is indispensable to go against the wind in approaching him; when the wind is so still that its direction cannot otherwise be discerned, will suspend the film of a gossamer to determine it, and shape their course accordingly." And so you, too, will find that things which seem as slight almost as the gossamer film may serve to indicate, to those who watch them well, changes as momentous as those on which depends death or recovery.

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[1] "Der plötzliche Tod aus inneren Ursachen." 8vo. Regensburg, 1848, p. 126.

[1] Sir E. Tennent's "Ceylon," vol. ii. p. 337.

3d. and lastly. As small things portend the danger, so small things go far towards warding it off—food, warmth, posture, quiet; little matters, such as you may think the nurse's office more than yours, are those which over and over again turn the scale upwards or downwards and many an infant's life has been saved or lost by observing or neglecting points which one is but too apt to lose sight of as utterly beneath the dignity of science.—*Med. Times and Gaz*, Nov. 26, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Return Home of some Southern Medical Students.—Many misrepresentations having been put forth with regard to the return home of some southern medical students from this city, and the number who have gone having been greatly exaggerated; we think it proper to publish the following statement from one of our colleges. We may be allowed to add that the instigators of this movement, there are strong reasons for believing, have been prompted in this action by a desire to gratify private feelings rather than by patriotic sentiments, and we have no doubt but that some of these misled young men will, on sober second thoughts, retrace their steps:—

Statement from the University of Pennsylvania.—In order to correct the erroneous statements which have been published with reference to the number of students who have recently left the University of Pennsylvania, it is deemed proper to inform the friends of the institution that, out of a medical class numbering considerably over five hundred, not more than eighteen of its members, so far as can be ascertained, have left the city.

R. E. ROGERS, M. D.,
Dean of the Medical Faculty.

Since the above was in type we learn that our anticipations of the return of a portion of those who had left the city have been verified.

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Pathological Society of Philadelphia.—At a meeting of this society, held on the 14th of October, the following were elected the officers for the ensuing year:—

President.—Alfred Stille, M. D.

Vice Presidents.—R. La Roche, M. D., and Edward Hartshorne, M. D.

Treasurer.—Addinell Hewson, M. D.

Secretary.—J. Da Costa, M. D.

Assistant-Secretary.—J. R. Kane, M. D.

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Long Island College Hospital.—A new medical school has, we are informed, been organized under this title at Brooklyn, New York, which will commence its first session on the 26th March, 1860. The faculty are: Austin Flint, M. D., Practical Medicine; Frank H. Hamilton, M. D., Surgery; John C. Dalton, M. D., Physiology and Microscopy; R. Ogden Doremus, M. D., Chemistry and Toxicology; James D. Trask, M. D., Obstetrics, &c.; D. C. Enos, M. D., Anatomy; E. N. Chapman, M. D., Materia Medica and Therapeutics; Joseph C. Hutchison, Surgical Anatomy and Operative Surgery.

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Medical Department of Lind University.—The first annual course of instruction in this school commenced on the 10th of October last, with a class of 26, 14 of whom are in the junior and 12 in the senior class.—*Chicago Med. Exam.*, Jan. 1860.

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The Chicago Medical Examiner.—This is the title of a new journal edited by Drs. N. S. Davis and E. A. Steele, the first number of which has appeared, bearing date of January, 1860. We are happy to offer it a friendly greeting.

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Obituary Record.—We record with regret the death of Oscar L. Dewees, M. D., youngest son of the late Dr. Wm. P. Dewees, formerly Professor of Midwifery in the University of Pennsylvania. This sad event occurred on the 6th of December, at Livingston, Miss., where he has been for some time practising his profession.

FOREIGN INTELLIGENCE.

Death from the Inhalation of Chloroform in Paris.—The following are the particulars of a case of this, which lately occurred in one of the Paris hospitals.

The patient was a woman, about fifty years of age, a servant in a family. On the 20th ultimo, she had a fall on a staircase, and was admitted into the Charité Hospital, where she was put to bed, the lesion not being sufficiently defined to induce the house-surgeon to proceed at once to reduction.

On the next day the surgeon, M. Manec, found a dislocation of the shoulder, the symptoms of which were less plain than usual. Attempts at reduction were unsuccessful, and gave considerable pain, so that the use of chloroform was clearly indicated.

It was given on a single compress, whilst the patient lay in bed. In a minute, the stage of excitement was reached; and, in about another minute, the face became congested, she screamed a little, and some muscular rigidity was observed. Tranquillity, however, soon returned, the compress was removed and the patient remained a few seconds breathing with some difficulty; but respiration soon became normal, and chloroform being again applied, complete relaxation was observed.

The patient was now placed comfortably, the head somewhat low, and rough laryngeal snoring set in. Extension was now used, and the house-surgeon, under the direction of M. Manec, reduced the luxation, the usual snap being heard by all present. Every one now left the patient, including the pupil who had watched the pulse, and who had taken his finger from the wrist when the reduction had been effected. The house-surgeon alone remained by the bedside, and was moving the arm about to find out whether there were something unusual in the joint, as the symptoms had been so obscure. In replacing the arm on the patient's chest, he perceived that she was hardly breathing. He immediately put his finger into her mouth, and called M. Manec, who was washing his hands at the foot of the bed. The depression of the tongue produced no effect; the breathing ceased completely, and the face, from being deep purple, became deadly pale. Ammonia, artificial respiration, cold air, cold water, and electricity were used in quick succession, but fruitlessly; and, after twenty minutes' strenuous efforts, the case remained hopeless.

The autopsy was performed twenty-four hours after death, and presented the following features: Some serum in the pericardium, concentric hypertrophy of the heart without any valvular disease; some pleuritic adhesions; marks of contusions about the surface of both lobes of the right lung; and passive congestion of the central portions of both lungs, the vessels being clogged with black, diffluent clots. A little serum under the arachnoid; meninges healthy; vessels, toward the anterior portion of the brain, and the basilar artery, filled with black fluid blood; sinuses containing very little. Cerebrum congested, the gray more than the white matter, especially on the posterior part of the hemispheres, where the vessels were dilated; pons and medulla oblongata not congested; the pia mater covering them seemed of a deeper tint than usual. Other viscera healthy.

This case will go far to impress upon those who are often called upon to administer inhalations of chloroform, not to leave the patient when the operation is over, until recovery has taken place. We may here add that, for some time past, chloroform has been entirely relinquished by the surgeons of Lyons, who use no other anæsthetic than ether. This change occurred in consequence of formal resolutions adopted, on the 12th of April last, by the Imperial Medical Society of Lyons. M. Paul Diday, the talented editor of the *Gazette Médicale de Lyon*, publishes a very strong article in the number of the 1st inst., and warmly recommends that chloroform should make room for ether. —*Lancet*, Dec. 10th, 1859.

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Sulphuric Ether Substituted for Chloroform at Lyons.—At Lyons, the second city in France, sulphuric ether has almost universally superseded chloroform both in hospital and private practice; and as the result of a recent discussion at the Medical Society of that town, the following resolutions were passed unanimously: "1. Sulphuric ether employed as an anæsthetic is less dangerous than chloroform, no accident, indeed, having followed its exclusive and abundant employment at Lyons during eight years. 2. Anæsthesia may be as constantly and as completely induced by it as by chloroform. 3. If ether gives rise to inconveniences which are not produced to the same extent by chloroform, these are of little consequence as compared with the dangers inherent to the use of the latter. 4. Ether should, therefore, be preferred to chloroform." It was proposed that the fact of using chloroform should be stigmatized as imprudent; but the society declined taking this step, contenting itself with declaring that ether fulfils the same indications as chloroform without giving rise to the same dangers.—*Med. Times and Gaz.*, Nov. 26, 1859.

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New Operation for the Relief of the Pain in Acute Glaucoma.—The operation which has been suggested by VON GRAFE for the *cure* (?) of glaucoma, is described as follows in the eighth edition of Druit's *Surgeons' Vade Mecum*, just issued from the press: "He makes a small linear incision in the sclerotica one millimetre behind the cornea, and removes a sixth of the iris. Von Gräfe gives no theory whatever, and candidly says that his practice is wholly empirical." We have seen this method put into practice several times, and, we must acknowledge, with relief to the pain; but the plan resorted to by Mr. Hancock is infinitely preferable, on account of the reasons mentioned in the details of the subjoined case, for which we are indebted to Mr. A. E. Sansom, house-surgeon to the hospital:—

Arthur H———, aged fifteen, a tall, tolerably healthy-looking youth, was admitted on the 8th ultimo. When he was five years old, he was hacking a mutton bone with a knife, when the latter slipped and wounded his left eye. From the effects of this accident he was confined to the house for some time. The pain soon subsided; but the sight of the eye was destroyed. There was no apparent breach of continuity. No pain recurred until May last; and then he noticed that the eyeball began to enlarge. He applied as an out-patient on the 7th of July. At first, by the treatment adopted, the pain was relieved; subsequently it remained stationary at one point of intensity. It has become worse since; swelling of the eyeball has been increasing. The pain is slight if the globe be still; but by the slightest movement or pressure, violent aching is occasioned. It was feared that the other eye was becoming sympathetically affected; and he has been overtaxing it lately by writing.

Condition of the eyes.—The right healthy; sight good. The left swollen to about twice the size of the normal eye; sclerotic vessels dilated; choroid not showing through the sclerotic; pupil dilated extremely, slightly irregular. Masses of the capsule of a disorganized lens are visible. The enlargement of the whole globe is uniform. He complains of great pain when the eyeball is touched, which feels very tense and hard to the finger.

Operation.—On the 9th of September, Mr. Hancock introduced a Beer's cataract knife at the junction between the cornea and the sclerotic, the blade being inclined downwards, the point proceeding inwards and backwards. The place of puncture was the commencement, on the outer side, of the lower semi-circumference of the cornea. The point of the knife, now having traversed obliquely the layers of the cornea, was pushed backwards towards the interior of the globe, thus dividing the ciliary ligament in a portion of its extent. On the removal of the knife, a quantity of discoloured fluid escaped.

Mr. Hancock, considering that the great pain was due to tension of the iris and ciliary ligament by accumulated fluid, the product of the disorganized parts behind, believes that all the indications for the relief of the suffering will be fulfilled by this operation. And its advantages are—

1. By the situation and oblique direction of the incision, a free drainage of the fluid is provided for.
2. The iris is very slightly wounded.
3. The pupil is preserved, of its original size, and in its normal situation.
4. The operation is very simple, and is performed remarkably quickly.

Sept. 10.—Except for an hour or so after the operation, the patient has suffered no pain. The operation gave relief. He has slept perfectly well; before this, he has been frequently awakened by the pain induced by pressure on the eyeball from turning in bed.

11*th.*—Eye perfectly easy during the whole day.

12*th.*—Not the slightest pain, even on considerable pressure; the eyeball feels much less tense; the pupil is less dilated; no prolapse of iris through the wound.

21*st.*—Has gone on uninterruptedly well since last report; there has not been the slightest pain; the size of the globe has sensibly diminished; the pupil is far less dilated than it was before the operation; and the globe, instead of being hard and resisting, now easily yields to the touch; pressure upon it occasions no pain.—*Lancet*, Oct. 29, 1859.

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Ligature of the Common Carotid.—The Paris correspondent of the *Med. Times and Gaz.*, under date of Sept. 12th, writes as follows:—

"In the department of Surgery, the principal occurrence of interest which I have to chronicle is the ligature of the common carotid, which was practised some three weeks ago by M. Chassaignac, at the Hôpital Lariboisière, and under circumstances demanding not only great presence of mind, but all the higher qualities which go to constitute a skilful and successful surgeon. In the case in question, M. Chassaignac gave ample proof of the justness of his claims to be regarded as one of the leading operating surgeons of the French capital. The patient on whom the operation was performed was the subject of a tumour which appeared externally in the space between the mastoid portion of the temporal bone, and the inferior maxillary; and internally, formed a projecting mass in the back part of the pharynx. This tumour, which the patient had remarked only fifteen days before his entry into the hospital, was fluctuating; and, on minute examination, nothing resembling pulsation could be detected. Several ganglia in the sub maxillary region were also swelled and hard. Under the impression that it was an idiopathic abscess, M. Chassaignac believed that the best course he had to follow was to make an opening for the evacuation of its contents. With a view to this, he carried a bistoury down to the bottom of the pharynx, and made a small puncture towards the outer edge of the tumour, but neither matter nor fluid of any kind followed. He then made a second puncture towards the inner edge of the tumour, and at a point corresponding with the median line of the pharynx. No sooner was the second puncture effected, than forth came a jet of arterial blood, which but too plainly showed that a serious error had been committed. M. Chassaignac, without a moment's delay, endeavoured to arrest the hemorrhage by thrusting his finger into the patient's throat, and exercising direct pressure over the wound. This proved, as might readily be imagined, of little avail. The blood continued to find its way past the sides of his finger into the mouth and throat of the patient, and produced temporary suffocation. Seeing that compression was useless, as exercised in this way, and the speedy and inevitable death of his patient staring him in the face, he, with an admirable *sang froid*, and great presence of mind, seized the carotid, together with the skin and intervening tissues, between his fingers and thumb, placed the man in a convenient position, and then and there proceeded to the ligature of the vessel *secundum artem*. The moment the artery was seized, the bleeding stopped, and it has not returned since the ligature was accomplished. A circumstance worthy of note connected with the case was the occurrence of complete aphonia almost consentaneous with the tying of the vessel, while distressing headache tormented the patient for several days. The loss of voice, a phenomenon by no means uncommon as a consequence of this operation (especially when, by accident, any of the filaments of the pneumogastric nerve happen to be injured or embraced in the ligature, it is sometimes permanent), continued in the present case only some forty hours; thus proving that notwithstanding the urgency of the case and the consequent absence of the usual preparations which such a delicate and dangerous operation demand, it had been ably and carefully performed. The patient's recovery from the effects of the operation is now nearly complete, and his health almost as good as ever. The original tumour remains almost in the same state as before, with this exception, that its upper surface has become firmer and harder, while its interior portion has become softer. The enlargement of the submaxillary ganglia which accompanied the tumour, has also disappeared. I am disposed to think (although M. Chassaignac does not admit it) that he is conscious of having erred in his diagnosis, and that, notwithstanding the absence of anything like pulsation in the tumour, he now believes it possible that he *must* have had to do with a case of aneurism. Such a mistake might happen to any surgeon, however great his experience; and if M. Chassaignac thinks he has had cause, in the first instance, for self-reproach as regards his diagnosis, he has the satisfaction now of having, by his skill and dexterity as an operator, fully repaired by his hands the blunder which his head committed. Supposing the tumour to be of an aneurismal character (which I think there is reason to believe it was), the probability is that the same surgical means thus employed *à l'improviste* would have, in the end, and after full deliberation, been had recourse to for its cure."—Oct. 1, 1859.

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The Number of Children a Woman can Bear.—The question of how many children a healthy woman can bear, during the child-bearing period of her existence, is one of some interest. If a couple live harmoniously together during a long life, and marriage has taken place very early, it is quite possible that as many as 24 children may have been born to the state, at intervals reasonably short, and without their coming as twins or triplets. Amongst the poorer classes this regularity is not met with, although even amongst them a pretty large number of children are born. On looking over the Register of the St. Pancras Royal Dispensary since the year 1853, six instances occur in which over 16 children were born: thus, two patients, aged 42 and 46 years respectively, were each confined of their 17th child; one, aged 39, of her 18th; whilst three, aged respectively 39, 40, and 50, were confined of their 19th. The last patient, 50 years of age, besides her 19 children, had 4 miscarriages. In most of these cases the births were single, although occasionally twins were born. The greatest age was 50. Dr. Gibb states that, on a careful examination of the Register for many years back, the age of 50 is the highest at which any patient was admitted, and as the same patient did not present herself again, it is probable she ceased to bear children.

If the cessation of the catamenia determines the time at which gestation ceases. then it must occur in some instances as late as 55 or even 60 years; for M. Brierre de Boismont, who determined the critical period of life in 181 females, found that it occurred in 21 between 51 and 55 years, and in 5 between 55 and 60 years.

In considering the number of children a woman can bear, we of course here exclude those cases of multiple births, wherein from 2 to 6 children are born at one time, and which thus will swell the number of children brought into the world by one woman to as many as from 25 to 69.—*Lancet*, Sept. 17.

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Applications in Acne.—When the affection is slight and recent, after removing all causes which seem to maintain it, we should always commence its treatment by stimulating, spirituous lotions, which may be employed tepid or even hot. When very slight, a large teaspoonful of the following solution, added to a glass of tepid water, may be applied night and morning: ℞.—Hydr bichlor. 1; alcohol, q. s.; aq. dest. 100 parts. In certain forms of acne, especially the punctuated and sebaceous, local astringents effect a certain cure. M. Ferrat especially recommends alum or peroxide of iron: ℞.—Alum 30 parts; aquæ 300 parts. ℞ —Ferri perox. half a part; axung. 30 parts. It will be better to commence with half these strengths, increasing them afterwards. The lotion may be applied night and morning, and the ointment on going to bed. In severer cases, protoiodide of mercury should be substituted for the iron, viz. protoiod. half a part, and lard 30 parts. The dose of the protoiodide may be afterwards doubled; and if the cure is long delayed. or imperfect, the bi-iodide must be substituted, employing from one to seven grains every evening. In intense acne we may commence with the bi-iodide.—*Med. Times and Gaz.*, Oct. 29, 1859, from *Bulletin de Thérap.*, tome lvii.

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Fetid Sweating of the Feet.—M Gaffard recommends as a most effectual agent, the applying between the toes of a few drops of the following liquid. An application once a week is usually sufficient, but during summer it may sometimes be required to be made daily: Red oxide of lead 1 part, and the liquor of the subacetate of lead of the French Codex (3 parts of acetate, and 1 of litharge, to 9 of distilled water) 29 parts; bruise the sesquioxide of lead in a porcelain mortar, and add the liquor gradually, directing the bottle to be well shaken whenever it is used.—*Ibid.*, from *L'Union Méd.*, No. 102.

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Action of Alcohol upon the Economy.—According to the usually-received opinion, alcohol introduced into the circulation by absorption from the alimentary canal, becomes rapidly destroyed by combustion with the oxygen of respiration. Carbonic acid and water may be the immediate results; or, as is more generally admitted, the alcohol passes through a series of transformations, representing derivatives more and more oxygenated, as aldehyde, acetic acid, oxalic acid, and, finally, carbonic acid. The results of a series of experiments instituted by MM. Duroy, Lallemand, and Perrin, point to different conclusions. According to these, alcohol is not destroyed in the blood, since it may be found in all the liquids and the tissues, while the products of combustion are not found there; and, moreover, it is eliminated by the various channels, as the lungs, the skin, and especially the kidneys. They conclude—1. That alcohol is not an alimentary substance, it acting only as a modifier of the nervous system. 2. It is neither destroyed or transformed in the economy. 3. It becomes especially concentrated in the liver and in the brain. 4. These facts explain the production of certain organic and functional changes in the liver, brain, and kidneys.—*Med. Times and Gaz.*, Nov. 26, 1859, from *Gaz. Méd.*, No. 46.

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Injections of Sulphate of Atropine in the Track of the Pneumogastric Nerve in Asthma.—The last Paris novelty consists in this treatment, by M. COURTY, of the paroxysms of asthma in a case which had resisted a great variety of medicinal agents. He injected along the track of the pneumogastric nerve, on the inner side of the sterno-cleido-mastoideus and on a level with the thyroid cartilage six drops of a solution of the sulphate of atropine, which produced vertigo, dilatation of pupil, and other symptoms of narcotization. Next day the injection was repeated on the other side, and thrown in more deeply, with the effect of producing still greater, though not alarming narcotism. A third injection, two days after the last, completed the treatment—the asthma having gradually diminished, and now, four days after the first injection, entirely ceased. The patient (a lady, aged 54) continued quite well two months after the treatment had been put into force.—*Med. Times and Gaz.*, Nov. 26, 1859, from *Moniteur des Sciences*, No. 37.

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Cholera in Germany.—Up to the 15th of September, there have been altogether, in Hamburg, 2,436 cases of cholera; out of which 1,194 died, and 1,149 recovered; 93 were still under treatment. In June there were 27 cases; in July, 1,025 (89 cases in a single day—viz., the 24th); in August, 1,217 (61 on the 16th); and in September, up to the 15th, 135. On the 15th of September, only one new case was recorded. At Lübeck, the cholera made numerous victims from the 26th of July to the 8th of September. Altogether there were recorded 329 cases, and 163 deaths. It is considered that the epidemic has quite disappeared. At Goldberg, in Mecklenburg, there were, in seventeen days, 263 deaths, out of a population of 2,700 souls. At Rostock, which numbers 26,000 inhabitants, there were 494 deaths from the 5th of July to the 17th of September.—*Lancet*, Nov. 12, 1859.

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Science and Literature in Italy.—Science and literature seem to be reviving in Italy amidst the throes of its revolutions. Activity prevails in all the universities freed from papal and imperial tyranny. Whole batches of new professors are seated on newly-erected chairs at Parma, Modena, and Bologna. In the latter place the office of *Rettor Magnifico*, or president, has been offered to Count Carlo Pepoli, long a resident in England, and well known as a poet and scholar

"In Tuscany new professors are called together from all parts of Italy. The Sicilian historian, Michele Amari, had been summoned from Paris to the expressly-created chair of Arabic at the University of Pisa by one of the very earliest acts of the Tuscan Provisional Government in April last. Ferrara, also a Sicilian exile, for some time Professor of Political Economy at Turin, was lately destined for the same university. Both of them, however, have now been called to Florence, where they are to lecture at the Schola di Perfezionamento, or Upper School, which Ridolfi intends to place above the two universities of Pisa and Siena, as a kind of Supreme Court of Learning for all Tuscany. Dr. Tommasi, a very able and distinguished Neapolitan physiologist, who practised medicine at Turin since his banishment from his country in 1848, has been raised to the chair of Clinica Medica at Pisa. Not a few of the great Italian scholars and men of science whom political vicissitudes had for the last ten years congregated at Turin are now once more moving back to the more genial sojourns of the Lombard and Tuscan towns, especially to Milan and Florence."—*Med. Times and Gaz*, Nov. 19. 1859.

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Medical Students in London.—The number of medical students in London the present season is 1,063, being an excess of 42 over last year.

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Sir John Forbes has retired from practice, and has presented all his medical works, numbering between two and three thousand, to his *alma mater*, Mareschal College, Aberdeen.

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OBITUARY RECORD.—Died, on the 23d of November last, JAMES ADAIR LAWRIE, M. D., Professor of Surgery in Glasgow University.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Cure of Vesico-Vaginal Fistula by Liquor Ammoniæ.—We are anxious to record an instance of the cure of vesico-vaginal fistula by the application, direct to its edges, of the liquor of ammonia. The case occurred in St. Bartholomew's Hospital, in June last, under Mr. Lloyd's care. The patient, who was twenty-six years of age, had been the subject of a fistula of the kind mentioned since her confinement in August of last year, and was, as is usual, much troubled and inconvenienced by the continual dribbling of her urine. A catheter was kept constantly in the bladder to relieve this condition, and the caustic ammonia was applied to the edges of the fistula, situated rather high up the vagina; and this was repeated a few times, with the effect of causing perfect closure, so that she was enabled to get up and walk about the ward without the escape of any urine into the vagina. On passing the finger into this passage, a deep indentation could be felt in the situation through which the urine had so long passed. She left the hospital, apparently cured, many weeks back. There can be no doubt, as we heard Mr. Lloyd remark recently, that the parts have been well tested by this time, and that the cure is complete. —*Lancet*, Dec. 24, 1859.

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Hysteric Tympanitis, or Phantom Tumour of large size.—A very remarkable example of hysteric tympanitis developed to a most unusual degree, has been for several years occasionally under notice at the Metropolitan Free Hospital. The subject of it is a girl, aged 19, unmarried, of peculiar physiognomy. Her countenance is expressive of intense morbid self-concernedness, the eyes downcast, and her aspect indicative of moral

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duplicity. She was originally under the care of Dr. Ramskill, and for some months was an in-patient, in order that her case might be thoroughly observed.

The following notes of her case as to her state were made on Sept. 19, 1857.

"Her abdomen presents pretty exactly the appearance of a seven months' pregnancy, and her father even went to the length of turning her out of his house on the supposition that such was her condition. She applied to several medical men, and very different opinions were expressed. On admission, it was found that the abdomen, although round and full, was of clear percussion note in every part, that the umbilicus was depressed instead of protruding, and that no tumour whatever could be felt. On vaginal examination the uterus was found small, and its cervix of due length. Respecting the absence of any tumour in the abdomen, some caution must be exercised in giving an opinion, as she invariably holds the muscle so tense and board like, that pressure cannot be made with any satisfactory results. At times the abdomen will appear to be larger on one side than on the other, and the external contour as a very large ovarian cyst is very exactly simulated, but then there always remains the clear percussion note, which is inconsistent with such a supposition."

The girl has since been in several other hospitals; and she states that at one she was strongly urged to submit to the operation of paracentesis. Latterly she has again been attending at the Metropolitan Free, under the care of Dr. Jones. The prominence of her abdomen is now such that any one, not having witnessed the trial of chloroform, might well be excused for entertaining the utmost scepticism as to the possibility of its disappearance. It exactly resembles that of a patient at the full period of pregnancy. The eye of a careful observer may, however, detect some differences between the girl's bearing, and that of a pregnant or dropsical person. Her back is more arched, and her gait has less of the swinging motion from side to side—"waddling"—a difference no doubt due to the fact that she has no real weight to carry. About two weeks ago, in order again to make a thorough and satisfactory examination of the state of things, she was put under the full influence of chloroform.

"The abdomen rises evenly in all directions, and is most prominent about two inches below the level of the umbilicus. A brown streak extends from the umbilicus to the pubes. The area of clear tympanitic resonance extends over the whole front of the abdomen. The measurement over the most prominent part is thirty-three inches and one-third. Posteriorly both loins are dull on superficial percussion, the left side being entirely dull, even on the deepest percussion, while on the right a forcible stroke elicits a decided degree of resonance. As unconsciousness was supervening, under the influence of chloroform, the abdomen at once flattened, until not the slightest appearance of tumour existed. It was soft in all parts, and the promontory of the sacrum could very easily be felt. No escape of flatus was noticed.

"The abdomen now measures only thirty-one and a half inches. Examined per vaginam the cervix uteri was found to be long, and in every way healthy; the uterus was freely movable. Feces are felt in the rectum, and a mass the size of a small egg, to the left side, about which some difference of opinion existed as to whether it was fæcal or otherwise. As the influence of chloroform was passing off, the abdomen quickly resumed its original state, and in a few minutes after, when she had regained consciousness, it was nearly as prominent as ever. She took the chloroform remarkably kindly, and recovered from its effect very quickly."

One of the interesting features in this case is its long continuance. All forms of anti-hysteric remedies have been exhausted upon it without the slightest result. Marriage is, indeed, in all probability, the only remedy which can be expected to influence a condition which partakes more of moral than of physical derangement. Several similar cases have recently been under our notice, in one of which the patient has been told by several surgeons that she is the subject of ovarian dropsy. In this instance, also, as in the above, the patient is unmarried, and the same peculiarities of aspect are exhibited as have been just described. The value of the exhibition of chloroform as a means of diagnosis can be scarcely overrated. The cases are those to which mistakes in diagnosis are of the utmost importance, since they would inevitably lead either to unfounded imputation on the patient's chastity, or to the belief in the existence of incurable disease, or to the attempted performance of most dangerous operations. The records of surgery contain the narratives of not a few of such, in which either paracentesis has been performed, or the still more fatal mistake committed of laying open the abdomen, in order to extirpate an ovarian cyst. Against such errors the exhibition of chloroform affords entire security, and when any doubt offers about a case, it ought never to be omitted. As insensibility is induced, the board-like condition of the abdominal parietes, which had previously baffled all attempts to ascertain the exact state of the viscera, disappears, the diaphragm rises, the belly flattens out laterally, the anterior prominence disappears, and the hand can be passed back till it touches the sacral promontory.—*Med. Times and Gaz.*, Dec. 10, 1859.

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Epilepsy and Amaurosis from a Tumour beneath the Occiput; Removal of the Growth with good results.—We have watched with some anxiety a boy in Charing-cross Hospital, whose case is, in many respects, a very peculiar and unusual one. When first admitted, two things were noticed: a large tumour at the back of the neck, running up to the occipital bone, and lying in the hollow between the trapezius muscles; and complete amaurosis. These commenced contemporaneously two years ago, his health being perfect up to that time, if we except occasional headaches, the result of a fall on the head four years previously. As the growth of the tumour extended more deeply, it produced such an interference in the cerebral circulation as to bring on epilepsy six weeks before admission, the predisposition to which no doubt existed from the time of the injury. The convulsive attacks were so frequent and violent as to cause fears to be entertained for his life, and they were indicative of the extent of mischief produced by the tumour, which probably sprang from the theca vertebralis in the upper part of the neck. That this might be so, the result of the operation seemed to prove; for, although all of the growth has not been removed, from the causes mentioned in the notes of the case, nevertheless the pressure has been relieved, the fits ceased for sixty-nine days, and the amaurosis is disappearing. When we last saw him, on the 4th instant, there was a little tenderness about the neck; otherwise, with the exception of the two fits the night before, he was doing well. Cause and effect are well illustrated by this case, which, besides, affords an example of one of those rare instances in which epilepsy has shown itself by influences in action external to the brain, yet sufficient to interfere with the balance of the circulation in that important organ; for we may remark that the boy had a decidedly congested appearance about the head before he was submitted to the operation.

R. D——, aged fifteen, with large head, sallow and yellowish skin, was admitted on Feb. 19, 1859, with a large tumour on the back of his neck, commencing a little below the occipital protuberance, extending four inches and a half down the neck, and four inches across; the circumference of his neck, including the tumour, being twenty inches. He enjoyed good health until nine years of age, when he fell into a cellar in Covent-garden market, falling heavily on his head; since then he has occasionally complained of pain in his head, but neither his general health nor his appetite was affected until two years ago, when he felt unwell. His neck commenced to swell, and his sight gradually failed, so much so that when admitted he required to be fed, and led to and from his bed. About six weeks before his admission, he was attacked with epilepsy, the fits becoming more frequent, so that, when admitted into the hospital, it was found there was scarcely half an hour's interval between the attacks.

When admitted, under the care of Mr. Hancock, his face was pallid; eyes large, prominent, staring, and motionless, and the tumour was found to be deeply seated under the deep fascia of the neck. As the fits increased in violence and frequency, it became a question how far they were influenced by the tumour, or, rather, by the tension of the deep fascia of the neck caused by the tumour interfering with the circulation of the brain. The boy was sinking fast, and it was evident that, if something were not done for him, he would die. Mr. Hancock, therefore, proposed to the friends to remove as much of the tumour as he could, at the same time explaining the danger of the operation in his then condition, and the chances that he might sink under it. They, however, were so anxious that something should be done, that they begged him to try. Accordingly, on the 26th of March, the patient was placed slightly under the influence of chloroform, and the greatest portion of the tumour removed. He, however, became so low from the loss of blood that it was deemed advisable to desist from further attempts.

June 4th. The case has proceeded more favourably than could have been anticipated. He was, of necessity, kept on his left side as much as possible, and for some time there was considerable œdema of the left side of the head and face; this, however, subsided. He had two fits on the night of the operation, but not any since until last night, when he had two slight attacks. His eyesight is slowly improving. The circumference of his neck is now fourteen inches over the cricoid cartilage, instead of twenty as it was before the operation. He eats and sleeps well. He understands and answers questions with great promptitude, and he is very cheerful and contented. The wound has almost healed.—*Lancet*, June 11, 1859.

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Acute Synovitis of the Ankle of a Boy.—We would draw attention to a case of synovitis of the ankle-joint, of an acute character, in a little boy, six years of age, now a patient in the Charing-cross Hospital, under Mr. Barwell's care. Inflammation of the synovial membrane of this joint cannot be said to be common, as compared with other articulations, and more especially in the young. The present example, therefore, is one of interest. It was caused by an injury, and when admitted, on the 7th of November, leeches were applied with advantage, and subsequently blisters, conjoined with rest and quiet in bed. More recently, bandaging has been adopted, with the good result of removing the swelling; at the same time, he is taking fifteen minims of the liquor of the bichloride of mercury with tincture of cinchona, and, when we last saw him, he was going on as well as could be desired.

Most surgical writers of authority, in describing synovitis and its various causes, make the observation that it very seldom attacks young children, and in them it requires sometimes rather a severe injury to a joint to give rise to inflammation of the synovial membaane.—*Ibid.*

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Exhaustion after Suckling.—Protracted suckling, especially when the supply of milk is scanty, is often followed by extreme exhaustion and debility; with the presence, occasionally, of various anomalous symptoms. A young woman, aged twenty, the mother of two children, is now convalescent, in St. Bartholomew's Hospital, after an attack of this kind associated with diarrhœa. She suckled her youngest child for seven months, although the breasts were actually empty. She gradually became much exhausted; she had fits of shivering, with cold sweats at night. Some six weeks before admission, diarrhœa set in, and remained persistent; it stopped two or three times and recurred, and thus assumed an intermittent character. She was ordered four ounces of wine and suitable nourishment, and an aromatic draught containing eight minims of tincture of opium. This had the effect of completely checking the diarrhœa. She has begun to gain flesh, her strength is returning, and she looks quite a different person. She had dysmenorrhœa on November 1st, but it has for the present disappeared.

We select this from a number of instances to illustrate the folly, on the part of mothers, of persisting to suckle their offspring when their breasts have ceased to secrete milk. Many such persons complain, amongst other ailments, of weakness of sight, and, in some instances, temporary amaurosis.—*Lancet*, Dec. 3, 1859.

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Severe Burn of the Neck treated by Extension from the beginning.—On the 8th of November, a little girl, about nine years old, was given chloroform at Guy's Hospital, and an effort was made by Mr. Hilton to flex her right arm, which had become anchylosed in consequence of a severe burn some two years ago. All his efforts were fruitless, because the union was now bony and extremely firm. Her case otherwise was a very remarkable and interesting one, from the fact of her complete recovery from a terrible burn of the whole anterior part of the neck and upper part of the chest, sustained two years ago, without the least deformity whatsoever.

When admitted into Guy's after the accident, the destruction of the skin was so extensive that the pectoral and some of the muscles of the neck were exposed, and the burn extended onwards to the right arm and forearm, whilst it occupied each side of the neck, involving the external surfaces of both of her ears. She was retained in bed for six months; her head and neck were kept perfectly quiet, and the latter was maintained in an extended position by means of a small bag of sand placed at the back of it. She was allowed, however, to sit up to her meals. When she left her bed, she wore a stock, which gently elevated the chin; from its lower part were attached two cushions, which pressed over the upper part of the chest, and permitted a very free motion, with an utter absence of deformity. The thin cicatrix glides with perfect ease over all the subjacent parts. This stock is to be continued for a sufficient time to prevent all tendency to contraction. It is one of the most satisfactory cases of the kind in regard to the treatment, considering the extent and severity of the burn, which we ever remember to have witnessed.—*Lancet*, Dec. 31, 1859.

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Lupus of seven years' standing Effectually Cured.—Next to cancer, lupus is, perhaps, the most intractable of any disease that comes under the care of the surgeon; and when, as in this case, a cure is effected, it behoves us, as chroniclers of the improvements which happily distinguish the present era, carefully to record the facts of the case, and earnestly to inquire whether the means which have succeeded so well in this instance may or may not be applicable in the very many other instances of this disease which come under the notice of every practitioner of experience. Who has not seen the awful ravages of lupus? Beginning as a small pimple or tubercle on the cheek or on the nose, it spreads from one part to the other, destroying deeply the structures it attacks, and ceases not until it has involved the whole nasal organ. Many are the plans which have been devised for arresting its progress. The applications of arsenic and chloride of zinc, no doubt, stay the diseased action for a time; and the cod liver oil, as well as arsenic, administered internally, have some beneficial influence; but we believe it is the general experience that these have only temporary effects, and that the disease returns and progresses in spite of them. If we can get to the bottom of the case, then it would seem that we may hope for permanent benefit by directing our treatment to the cause of the mischief; and this appears to have been the reason for the success in the case which we now record:—

Peter F——, aged seventeen, was admitted into the Royal Free Hospital, in the first instance, on the 14th of May, 1856, under the care of Mr. Weeden Cooke. His occupation was that of an oyster-dredger, at Maldon, in Essex; and he had suffered for seven years from lupoid ulcers of the face, nose, and lips. He had been a patient in the Colchester Hospital, and also in St. George's Hospital. At the time of his admission, the whole face was covered with either the cicatrices of old ulcers, or ulcers incrusted and dipping into the muscles beneath the skin. The columna nasi was destroyed, and the disease was encroaching upon the alæ The upper lip was thickened and ulcerated. The scaly ulceration extended upwards to the inner canthus of both eyes. Added to these miseries, he was extremely deaf, and altogether presented a most pitiable and unsightly appearance. Mr. Cooke ordered an ounce and a half of lemon-juice to be taken three times a day, meat and porter, with green vegetables; and the following lotion and ointment: bichloride of mercury, eight grains; hydrochloric acid, sixteen minims; water eight ounces; to be applied three times a day as a wash, afterwards covering the parts with zinc ointment.

He remained in the hospital, under this treatment gradually improving, until Aug. 17th, when he was discharged, with all the ulcers entirely healed, the deafness diminished, and his general health re-established.

In May, 1857, he again came to town, and was admitted, the disease having returned on the cheeks and upper lip. The same treatment was adopted, and this time he was well again in a month.

In July, 1859, he again appeared amongst Mr. Cooke's out-patients, the upper lip and one cheek only being affected with the scaly ulcers. He was enabled to stay with a sister in town, and was, therefore, not admitted, but placed under the same treatment—namely, lemon-juice and fresh green vegetables, bichloride of mercury lotion, and zinc ointment. The cure was very rapid, the ulcers having well cicatrized in less than three weeks. His hearing, also, at this time was very greatly improved, and his general appearance so altered that he was scarcely recognized as the same unhappy youth who first came under notice in 1856.

Mr. Cooke states that there was no sponginess of the gums, but that the strumous aspect of the lad, and his occupation as an oyster-dredger at the sea, led him to prescribe lemon-juice as an antiscorbutic remedy, and, as it turned out, with the happiest results. Still, the adjuvant effect of the local applications must be by no means slighted or overlooked in the treatment of similar cases. Perhaps, however, the leaning generally is to depend too much upon local, and especially caustic, applications.—*Lancet*, Dec. 31, 1859.

LECTURE.

Lecture on Cerebral Symptoms independent of Cerebral Disease. Delivered at the Hospital for Sick Children. By Charles West, M. D.—Gentlemen: Of all the inquiries which, in private practice, the parents of a sick child will put to you, there is none that will be made so often or so eagerly as this: "Do you think his brain is affected?" The answer which you give to this question will at once convey a sense of unspeakable relief, or will produce a feeling of blank hopelessness; either, perhaps, excessive, but either most natural. Without doubt, the importance of a correct reply is very great, for your prognosis and your line of treatment are dependent on it, and an error, even though corrected in twenty-four hours, may be irreparable. I think, then, that the time will not be misspent which we devote to-day to an examination of the different circumstances wherein we are most likely to meet with the symptoms of cerebral disorder independent of real cerebral disease. Now you may encounter such symptoms in two different conditions; either in the course of acute affections simulating active disease of the brain, or in the course of chronic ailments, where there may seem to be reason for apprehending the advance of slow disorganization; and each class of cases demands a separate consideration.

Before examining either class of cases in detail, I would, however, remind you that in the child, as in the adult, the brain is disturbed more or less in the course of every acute affection of the general system; and further, that, in proportion to the youth of the child, there will be an apparent sameness in the characters of such disturbance, and a consequently increased difficulty in determining the cause whereon it depends. Thus, for instance, whether one of the exanthemata is about to come on, or influenza, or inflammation of the lungs; or whether the illness is a mere febrile attack consequent on dentition, there will in all these circumstances alike be a hot skin, and a frequent pulse, a loss of cheerfulness, a heavy head, a disposition to drowsiness, and yet a state of unrest; symptoms, in short, which are just the same with those that, in the infant, would attend the early stage of actual disease of the brain.

But, while I refer to this fact as one never to be lost sight of in the endeavor to discover the true import of the cerebral disturbance which accompanies almost every form of acute illness in early life, my special object to-day is to point out to you some of the circumstances wherein, in infancy or early childhood, a correct diagnosis is peculiarly difficult.

I propose to notice, very briefly—

1st. The cerebral symptoms that usher in the attack, or accompany the early stages of fevers.

2d. Those which, at the onset of acute inflammations of the thoracic viscera, sometimes throw the evidences of the real disease into the shade; and

3d. Those dependent on some disorder of the abdominal viscera, which, though not always itself of an acute character, yet gives rise to sudden disturbance of the nervous system, and to symptoms that simulate active cerebral disease. Such are sometimes the consequences of unsuitable food, of diarrhœa, of colic, and of intestinal worms.

Afterwards, if time allow, I purpose

4th. To make a few observations on the more chronic ailments in which cerebral symptoms are likely to be observed; and their import is apt to be misapprehended.

Now, with reference to cases of the *first* class—namely, to those in which cerebral symptoms usher in the attack, or accompany the early stage of fevers—I may observe, and the remark holds good in other cases also, that in proportion to the suddenness of the onset, and the violence of the character of such symptoms, is the probability of their depending on real disease of the brain so much the smaller. A severe attack of convulsions is rarely an early symptom—is almost never the first symptom—of real acute disease of the brain. Its occurrence, therefore, always raises a presumption that its cause is to be sought in some source of irritation external to that organ; that, how much soever the immediate urgency of the case may require remedies addressed to the brain, the ultimate dangers of the disease will be found to depend on some other cause, to arise from mischief seated elsewhere than in that part which at first seemed to be the most suffering.

The early stage of the eruptive fevers sometimes affords a very remarkable illustration of the amount of disorder of the nervous system. which may precede or accompany the full outbreak of the rash. During the first day of the eruption of measles, for instance, one or two attacks of convulsion sometimes occur, though they usually pass away without being followed by protracted coma, or by any other abiding signs of cerebral disorder. In these cases, the previous existence of the morbillous catarrh, often even the presence of faintly-marked stigmata of the rash, the general heat of skin more intense upon the trunk than even about the head, will usually preserve from error, and you may speak with confidence as to the probably speedy disappearance of the cerebral symptoms. Far more serious, however are the signs of cerebral disturbance by which smallpox and scarlatina are occasionally ushered in; the transition from apparent health to violent convulsions being sudden, and apparently causeless, the fits themselves most formidable, and the coma by which they are succeeded very profound. Such was the case of a little girl, two years old, who, until the day before that on which I saw her, had never had an hour's illness. She had eaten a hearty dinner, and, though she vomited soon afterwards, did not seem otherwise indisposed, and slept well in the night. Immediately on waking in the morning, however, she had a fit, during which she was insensible, much convulsed; and insensibility, with occasional convulsions, and great heat of skin, continued for the ensuing twenty-four hours. Depletion, both general and local, the latter twice repeated, was followed, at the end of twelve hours more, by considerable diminution of the convulsive movements; and, forty hours after the first fit, the child fell asleep, and dozed quietly for a few hours. She awoke sensible, and continued so. On my visit in the morning, I found her quiet and sensible, without any sign of convulsion; her face was very pale; her head, before so hot, was now quite cool; her pulse had sunk in frequency, and had lost its fulness. An eruption of a papular character had appeared on the hands, arms, inside of the thighs, and slightly on the face. This eruption was the smallpox, and the disease ran its course without an unfavourable symptom.

The comparative rarity of smallpox may be some excuse for my not having been prepared for the possibility of the convulsions depending in this case on the cause to which they were really due; but it is well to bear in mind that in every instance where cerebral symptoms come on without obvious reason, in early life, inquiry should be made as to the date of previous vaccination, and the arm should be examined for its evidence in the cicatrices left by its performance. A similarly stormy onset, however, is sometimes observed in cases of scarlet fever; and then it usually preludes an attack of a malignant kind, characterized by speedy loss of power, and tending to an early death. This occurrence, indeed, never very common, is most rare when scarlet fever is merely sporadic, but in epidemics of the disease it happens more frequently, and this even although the general characters of the disease are of a mild—not at all of a malignant—type.

"In the autumn of 1831, and during the early part of 1832," says Dr. Von Ammon,[1] "scarlatina prevailed epidemically at Dresden. The cases which at first presented themselves to my notice were, for the most part, mild in character, and ran a favourable course; but, at the same time, I met with some instances where death took place very rapidly, and under peculiar symptoms of cerebral disturbance, in children who neither, during life nor after death, showed the slightest trace of scarlatinoid eruption. At first I felt in doubt as to the cause and nature of the rapidly-fatal head affections; for I did not anyhow connect them with scarlet fever, while the disease differed from inflammation of the brain in the extreme rapidity of its onset, in the fact that, notwithstanding the intensity of the headache, it was unaccompanied either by nausea or vomiting, that the bowels were not constipated, and that the pulse beat with such frequency that it was almost impossible to count it, while the attitude of the patient was not at all such as is usually assumed by any one suffering from acute cerebral inflammation."

Dr. Von Ammon then goes on to say how

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[1] Bes chreibung einen Scharlach-epideminz à Dresden, in Analekten für Kinderkr. Vol. III. Heft. 11, p. 43.

a post-mortem examination of one of these cases led him to the suspicion, which afterwards became a certainty in his mind, that these were really instances of scarlatina; that the impression of the poisoned blood upon the brain and spinal cord destroyed life before time had elapsed sufficient to allow of the ordinary manifestations of the disease. The possibility that the clue to the understanding of symptoms of formidable cerebral disorder is to be found in the approach of one of the eruptive fevers, enforces the necessity for learning in every case the history of a child's previous ailments, and renders it even more imperatively your duty to do so at a time when scarlatina is epidemically prevalent. Rapid, too, as is sometimes the advance of inflammation of the brain, its progress is commonly far slower than that of the cerebral symptoms which accompany the onset of the fever, while almost invariably some characteristic or other of the mere local inflammation would be absent, some anomaly would show itself, such as excited the suspicion of the German physician, and ought to awaken yours.

But besides the instances just referred to, in which the temporary violence of the cerebral symptoms suggests the idea that active inflammation of the brain is present, there are others of less rarity where, though the feeling of anxiety as to the real nature of the disease is less urgent, it is yet of longer duration. Such are the cases in which, during the early stage of typhoid fever, the symptoms of cerebral disturbance so preponderate that for some days a doubt may be entertained as to whether the fever is sympathetic with disease of the brain, or the brain is disordered as a consequence of the fever. The question, in short, is between tubercular hydrocephalus and typhoid fever. Now, something may be gathered from the age of the child, at least towards raising a presumption one way or the other, for the older the child is, the more likely is the disorder to be typhoid fever; the younger it is, the more likely to be hydrocephalus; and I strongly recommend you, in doubtful cases, to put the issue between these two definite diseases, and not to indulge your indolence and put to sleep doubts which you feel unable to solve, by talking to yourself or to your patient's friends of gastric fever, worm fever, and so on—terms to which no definite import is attached either by yourselves or by others. There is not time to pass in review minutely all the diagnostic symptoms which mark typhoid fever and serve, in spite even of much cerebral disturbance, to distinguish it from hydrocephalus. It may, however, suffice to remind you that vomiting is generally absent, is never obstinate, nor succeeded by long-continued nausea; that the bowels are often relaxed, never obstinately constipated, and that the evacuations are light-coloured, fecal, but usually watery. Further, the abdomen is full, usually tender, and flatus is always to be felt in the intestines; the tongue is not often much coated, it is red at the tip and edges, and early shows a tendency to become dry. The skin is very hot, the heat is pungent, the pulse is frequent, and continues so throughout, but is never irregular nor intermittent. Even the very cerebral symptoms have their characteristic features; for the early occurrence of delirium, which is so general in typhoid fever, is another point wherein it differs from hydrocephalus, in which much pain of the head, much drowsiness, a marked change of temper and disposition, yet coexist with a perfect intelligence.

"Surely," you may say, "these differences are marked enough; to dwell on them is superfluous, nay, wearisome; the help we want is in real diagnostic difficulties, not in cases so obvious, whose right interpretation is so easy."

Believe me, gentlemen, nine-tenths of the errors of diagnosis are made in easy cases; in cases whose features are sufficiently marked for recognition, if the observation had been trained to notice them, or the mind been disciplined to the inquiry in every instance: Why do I believe the disease to be this, why not that, or the other? The power of intuition and the habit of guessing are two very different things, though sometimes mistaken for each other. The former is now and then the reward of years of patient observation; humility and diligence are its parents. The latter is engendered between indolence and self-conceit; he who takes up with it, whatever be his abilities, forfeits all chance of ever attaining the other; he adds not to his knowledge from being right, he gathers no lesson from being wrong; for him "experience yields no fruit, age brings to him no wisdom."

There is a second class of cases in which the predominance of symptoms of cerebral disturbance sometimes masks the real nature of the disease, and such cases are met with among the acute inflammations of the thoracic viscera. Risk of being led astray would indeed be almost entirely avoided, if you made it an invariable rule, in all the acute ailments of early life, to regard your examination as incomplete until after you had made a careful auscultation. The symptoms of disturbance of respiration are indeed often too marked to be overlooked; the cough, the pain in the chest, and the hurried breathing render mistake impossible: but it now and then happens at the commencement of pleurisy, and in pneumonia, especially of the upper lobes, that the nervous system sympathizes so deeply as to draw away the attention from those symptoms which, though obvious enough to him who seeks for them, do not stand out so prominently as to attract the first hasty glance. Pneumonia and pleurisy, especially the latter, occasionally set in with a convulsion; but you will, I trust, remember the caution which I have already given as to the sudden violence of cerebral symptoms indicating that the brain is disturbed by some eccentric cause, rather than by mischief seated in that organ itself. Pleurisy, more particularly when affecting the right side, is sometimes ushered in by vomiting, and this vomiting seems all the more suspicious if it has just preceded or just followed an attack of convulsions. It is accompanied by fever and by intense headache; the child cries aloud or screams much in its sleep, and, if it is old enough for the symptom to be observed, delirium is not unlikely to be present. The cough may be but slight, or altogether absent, and even the pain not considerable, and it is then quite possible that the disturbed breathing may be put down to that sympathetic disorder of respiration to which the name of "cerebral breathing" has been applied. Need I say that it is much harder to correct a diagnostic error into which one has fallen, than, by care, to avoid it in the first instance? If the case is one of pneumonia affecting the upper lobes, severe headache, drowsiness, great heat of head, though found, if carefully observed, not to be greater than of the surface elsewhere, all serve to mislead. Delirium, too, is very often present, if the child is old enough for that symptom to manifest itself; and the mind of the attendant fluctuates in such cases between the ideas of cerebral congestion, of hydrocephalus, and of typhoid fever; one impression preponderating at one part of the day, another at a different one; but the true view of the case not presenting itself to the mind at all. In the case of pleurisy, even though the mistake is discovered late, the child will probably survive, and the distended side, the adaptation of posture, the subsidence of the fever, and the disappearance of the head symptoms are tolerably sure to put the doctor, though tardily, on the right track. In pneumonia, the error is even more serious, for the disease is more formidable, and the longer continuance of cerebral disturbance is likely to keep up the mistake. In its later stages, too, the convulsion and the coma which sometimes come on as the results of the imperfect depuration of the blood, perpetuate the misapprehension, which, perhaps, a post-mortem examination alone brings to light.

Now, without going into minute detail, for which there is no leisure, I may observe that in these cases you will find something always wanting of those symptoms which characterize real cerebral disease. Perhaps there has been a convulsion; but it was not followed by coma, nor by paralysis of either side. Vomiting has occurred, but it has soon subsided. The head is hot, but yet not hotter than the rest of the surface, and it is unaccompanied by violent pulsation of the carotids. The light may be unpleasant, but it is not shunned with that intense sensitiveness to its presence which closes the eyelids even in the darkened chamber. Again, though the breathing is sometimes hurried in cases of cerebral disease, yet here the hurry is constant; if the case is one of pneumonia, it is extreme, and between the hurried breathing and the rapid pulse a constant proportion is observed, while, though the cough may be but slight, some cough is almost surely present. Such, and such like, are the criterions by which, if you test the symptoms in these doubtful cases, you will run but small risk of not coming to a right conclusion.

Nearly forty years ago, a French physician[1] wrote an essay, the object of which was to illustrate what he termed the predominance of the digestive organs over the brain in childhood, and he appended to it the details of forty-eight cases in corroboration of his opinions. Now although, like all other books written to develop one idea, this is somewhat one-sided in its views, and, perhaps, a little overcharged in its statements, yet the main point is correct—namely, that

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[1] Recherches Relatives à la Prédominance des Organes Digestifs des Enfans sur le Cerveau. Par J. Sablairolles. 8vo. Paris, 1826.

The *third* class of cases, in which symptoms of cerebral disease are provoked by disorders of the digestive organs, is very numerous and very important.

A slight acquaintance, even, with the practice of medicine will have familiarized you with various symptoms of disturbance of the nervous system which derangements of the digestive organs and their appendages bring with them. Such are the unquiet sleep, the night-terrors, the grinding of the teeth, the sleeping with half-closed eyelids, the thumbs drawn more or less into the palm, which one often observes in infancy and early childhood, and some of which are seldom altogether absent during dentition, or when changes are first made in the diet of infants. But there are, besides, two distinct classes of symptoms to which disorders of the digestive organs, when severe, may give occasion—namely, convulsions on the one hand, and, on the other, that form of cerebral disturbance characterized by mingled exhaustion and irritation, to which the name of the hydrocephaloid disease, or spurious hydrocephalus, has been given.

Convulsions from this cause are generally the result of unsuitable food, or of an overfull meal in infancy or early childhood; though other sources of irritation, as that of worms, or even of a calculus in the kidney, may produce them. Those which depend on indigestible food, are sometimes so severe as to threaten life, or even actually to destroy it. They nearly proved fatal in the case of a little boy, five years old, previously healthy, who, on July 9, 1846, dined off some boiled salmon, of which the rest of the family partook more heartily than he without any ill effects. At ten o'clock on the following morning, having slept well during the night, he was suddenly seized by a violent convulsion, in which his whole surface became exceedingly livid, and his lips of a deep purple hue. His respiration was greatly affected, he seemed as if he could not get air enough into his chest to keep him alive, and he appeared every moment as if he would be suffocated; while his pulse was feeble and frequent, and the temperature of his body low. Under the influence of the cold douche to his head, his breathing became less laborious, his lips regained much of their natural florid colour, the convulsions greatly diminished, and the child began to make some half-conscious movements. It was now possible to give him an emetic, which caused free vomiting twice, and the rejection of some of the undigested salmon. The child was next placed in a hot mustard bath; while in it, the convulsions completely ceased, after having lasted three hours and a half. He was now put in bed, where he slept quietly for four hours, and awoke quite well.

Now, that which took place here you may observe not very rarely, and with symptoms of equal severity, in early infancy, when, perhaps, the error in diet has been so trivial that you can scarcely realize the possibility of its producing such formidable results. The fact, however, that in any given instance, the convulsions depend on such a cause, may usually be gathered partly from the history—which, in early life, is all the more important from the patient's inability to speak for himself—but still more from our observation of their characters. They are apt to be violent, accompanied with much spasm of the extremities, clenched hands, or the thumb drawn forcibly into the palm, and the great toe widely separated from the other toes. They are associated with spasm of the larynx, which often remains closed till suffocation seems impending, and with much trouble of the respiratory movements; in other words, with evidence of all the spinal system of nerves being in a state of great irritation. Almost always, too, the abdomen in such cases is distended, often extremely tympanitic, and there is frequent escape of flatus from the intestines. These peculiarities, if borne in mind, will often give you a clue to the meaning of a violent and apparently causeless convulsive attack. They indicate the source of the disturbance to be eccentric, and thus both guide your treatment and influence your prognosis, enabling you to hold out the hope that, if the child do but surmount its present danger, recovery will be complete as well as speedy.

I referred to a second class of symptoms dependent on disorder of the digestive organs; symptoms less formidable in appearance, perhaps, but more delusive, by which irritation and exhaustion together simulate the effects of inflammatory disease of the brain. It is in diarrhœa, and especially in relapses of diarrhœa, that these two conditions are associated in the greatest degree, and that the risk of error is, perhaps, most considerable.

One case in illustration of it must suffice, for time draws short.

A little girl was seized with diarrhœa on August 8, which at first was severe, but soon yielded to treatment, and she was again convalescent; when, on the 15th, vomiting and purging returned with great violence, and were attended with much febrile disturbance. On the following day, she was still worse in all respects, but was not brought to me again until the 17th. She then looked exceedingly ill; her face was sallow, but with a flush on each cheek, and her eyes were deeply sunk. She lay in a half-dozing state, with her eyelids half closed, and the eyeballs turned upwards, so that nothing but the sclerotica was visible; but from this condition she awoke frequently and suddenly, in a state of great alarm, and looking as if she were about to have a fit of convulsions. Her skin was hot, and very dry; her pulse very frequent, but not strong; and there was some subsultus of the tendons of the wrist. The abdomen was rather tympanitic; the tongue red, coated with white mucus; the thirst great; the vomiting very frequent, and the bowels acted two or three times in an hour, the evacuations having the appearance of dirty water.

The persistence of the diarrhœa, and the great frequency of the action of the bowels, coupled with the fact that I had observed the case from the commencement, would have rendered error inexcusable. But such cases may come under our notice only when the evidence of cerebral disturbance is already very striking, and when, perhaps, the diarrhœa is no longer very urgent—perhaps may for a few hours have altogether ceased—in such circumstances, error is very possible, and its consequences may be very disastrous. If you regard the cerebral symptoms as the signs of active disease, and withhold the Dover's powder or the opiate enema, that might have checked the diarrhœa and soothed the irritability, while you apply cold lotions to the head, and give the child nothing more nutritious than barley-water in small quantities, because the irritability of the stomach, which results from weakness, seems to you the indication of disease of the brain—the restlessness will before long alternate with coma, and the child will die either comatose or in convulsions.

This is not, indeed, the only form which this spurious hydrocephalus assumes, although it is that in which the signs of irritation so mask those of exhaustion as to render the risk of mistake most serious; while the time during which the error can be rectified is in these cases very brief. In a larger number of instances, this condition comes on much more slowly, since it results from the gradual influence of imperfect nutrition; and in these circumstances the signs of irritation of the nervous system which characterize its early stages are less marked, though not, on that account, less deceptive. In the infant brought up by hand, or imperfectly nourished at the breast, the first stage sometimes continues for weeks, attracting, perhaps, little notice; giving rise, indeed, to a vague suspicion that something is wrong, but yet this suspicion so indefinite that neither the parent nor the doctor pushes the inquiry far enough to decide what that something is; or, possibly, commencing dentition bears the blame of the whole set of symptoms. I would have you, too, bear in mind that, in these cases, dentition may really have much to do with the production of the symptoms, though not exactly in the way which at first suggests itself. The insufficient or unsuitable food heightens the irritability of the nervous system, and renders it preternaturally sensitive to the disturbance which teething seldom fails to bring with it. This disturbance acts, though more slowly, just as does that which accompanies diarrhœa; it exhausts the nervous power by all the manifestations of reaction which it produces, as the continued galvanic current wears out for a time the contractility of the muscles. The symptoms do not betoken real disease of the brain, though they closely resemble those which it occasions; so closely, indeed, that to read their import aright, you sometimes need go back for weeks, or even months, to gather the child's early history, and to learn how it has been fed, and how it has thriven from its birth. You will find, too, both in the past and in the present, intermingled with the general signs of cerebral disturbance, the evidences also of spinal irritation such as I have already referred to; and they should always lead you to suspect that the brain is disturbed in sympathy with some cause external to it. Irritability, restlessness, feverishness, a flushed face, a frequent pulse, undue sensitiveness of the surface, moaning, starting in sleep, all point to disorder of the nervous system, but they do not specially point to disease of the brain; their real meaning must be gathered from a consideration of the whole condition of the patient. That condition will be found to vary very much; the face will not be always flushed, nor the head always hot, nor the fontanelle always tense or pulsating. Vomiting may occur, but it will be occasional; the bowels will be relaxed rather than constipated; the abdomen not shrunken, but distended with flatus; a state which should always turn your attention from the brain itself to some source of irritation external to it; since, as the distinguished German physician, Goelis, has remarked, a collapsed state of the abdomen, and the absence of flatus from the intestines, are signs almost pathognomonic of hydrocephalus. Often, too, the carpopedal contractions and the laryngeal spasm are present, or have existed, to warn you as to the real nature of the case; while the pulse, though feeble and frequent, retains its regularity of force and rhythm, and thus differs remarkably from the irregular, intermittent, or unequal beats, which are among the earliest and least fallacious signs of real cerebral disease. If misinterpreted, and, consequently, wrongly treated, the stage of exhaustion comes on by degrees, and with it a stealthy stupor. The flush no more returns to the surface, the extremities grow cold, the pulse becomes feebler, the pupils permanently dilated, the respiration sighing, the voice husky, deglutition difficult; symptoms which, if the earlier stage was misinterpreted, will probably be regarded as the signs of the last stage of hydrocephalus; though the depressed fontanelle, the cool head, the pulse still frequent in spite of its feebleness, the abdomen still containing flatus, the bowels still loose, will tell at once a different tale to some other practitioner, who, with no larger experience than your own, yet, with a mind unbiassed by a foregone conclusion, comes to the case, and at once reads its meaning aright.

I had wished to have said something about cases of a chronic character, in which symptoms occur that give rise to unfounded suspicion of disease of the brain, but there is to-day no time to do more than enumerate some of them. Such are the groundless suspicions which parents often entertain, and which the doctor himself is not always as quick as he might be to negative, in cases of essential paralysis in infancy and childhood. Such are the fears excited by the temporary though often long-continued dulling of the faculties, which often follows fever or some exhausting illness. Such are the apprehensions which fits of waywardness or altered temper excite: such, too, on the other hand, is the dread which the excitability of a child, whose faculties are just awakening to the wonders of the world around him, sometimes occasions his relatives; and such, lastly, is the morbid anxiety with which the severe neuralgic headache of childhood is watched by persons who can scarcely be persuaded but that suffering so intense, and the return of which medical care so often fails to prevent, must needs depend on a cause as serious as it obviously is difficult of removal.

You see, gentlemen, my catalogue is a long one, and, I think, not unimportant. I must hope, at some future time, to pass it in review, as I have to-day tried to do with the other class of cases of a more acute kind. Some of the details may, I fear, have seemed tedious; but my excuse is, that the errors against which I have tried to warn you, are the same as, in past years, I have myself committed. I have not stated imaginary dangers. I have tried to warn you against such as have proved themselves, to me, very real ones, and to make you, to the best of my powers, the inheritors of my own experience.—*Med. Times and Gaz.*, Dec. 24, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Lupulin in Delirium Tremens.—Dr. D. S. Gloninger, of Philadelphia, strongly recommends (*Med. and Surg. Reporter*, Dec. 31, 1859) lupulin in delirium tremens, as answering every indication; as safe, and, he says, it may be given ad libitum—even in doses of a tablespoonful every hour until sleep is produced. "We have given," he states, "as much as six pounds before its narcotic effects followed, and would have had no hesitation in giving four times the quantity, were six insufficient. During its administration your patient becomes saturated with it; his skin, adnata, and secretions are tinged yellow. One ignorant of the cause would suppose him laboring under jaundice, and might be induced to give "mercurials." There is no necessity for fear—this condition disappears after sleep, and the only unpleasantness is the peeling off of the cuticle and the dryness of the skin. Contrary to the effects of the opium treatment, in this, we have the bowels natural, and no necessity of nauseating the patient with cathartics to remedy torpidity."

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Immediate Cure for In-growing Nail—Dr. N. Gilman recommends (*Boston Med. and Surg. Journ.*, Dec. 29, 1859), cauterizing the part with hot tallow as a speedy mode of curing this troublesome affection.

"The patient," he says, "on whom he first tried this plan was a young lady who had been unable to put on a shoe for several months, and decidedly the worst case that I have ever seen. The disease had been of long standing. The edge of the nail was deeply undermined, the granulations formed a high ridge, partly covered with skin, and pus constantly oozed from the root of the nail. The whole toe was swollen and extremely tender and painful. My mode of proceeding was this: I put a very small piece of tallow in a spoon, and heated it over a lamp till it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical. Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the diseased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away without any inconvenience. The cure was complete, and the trouble never returned.

"I have tried this plan repeatedly since, with the same satisfactory results. The operation causes but little if any pain, if the tallow is properly heated. A repetition might in some cases be necessary, although I have never met with a case that did not yield to one application. The liquid cautery insinuates itself into every interstice, under the nail, along the fistula into the ulcer at the matrix of the nail, accomplishing in one minute, without pain, all that can be effected by the painful application of nitrate of silver for several weeks. Let this simple plan be tried before resorting to the barbarous plan of pulling out the nail, or any other mode of torture that has been invented."

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Massachusetts Medical College.—The number of students during the present session (1859-60), is 190; the largest class ever assembled in this school.

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The Cincinnati Medical and Surgical News.—This monthly journal which has been published for the past two years in newspaper form, is for the future to appear monthly in pamphlet form; each number to contain 32 pages, at one dollar a year. The editor is A. H. Baker, M. D.. Prof. Surg. in Cincinnati College of Med. and Surg., and his ethics, as exhibited in the first number (Jan. 1860), appear to be entirely orthodox.

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The Kanzas City Medical and Surgical Review.—This is the title of a bi-monthly journal, edited by Drs. G. M. B. Maughs and T. S. Case, of which the first number was issued in January of the present year. It is a neatly printed pamphlet of 48 pages, the subscription price of which is two dollars per annum.

FOREIGN INTELLIGENCE.

Death from Chloroform.—We regret to have to announce another fatal accident during the administration of chloroform for the purpose of producing anæsthesia in a surgical operation. The unhappy patient was Dr. Renwick, of Alloa, a member of our own profession, and but twenty-seven years of age. His disease was ingrowing of the great-too nail, which it was proposed to remedy by evulsion. Dr. Renwick had previously inhaled chloroform without any bad result; hence, perhaps, a false sense of security. The circumstances are thus related:—

A little of the chloroform was poured upon a towel, and he held it to his mouth with his own hands. After a while, as it did not seem to be taking any effect, he asked for some more, which Dr. Duncanson at first declined to give; but after a while, finding that no effect was being produced, some more was applied. Observing that he was endeavouring to hasten its effect by strained inspirations, he was asked to breathe naturally, which he did. As it still, however, seemed to be having no effect, another small quantity, at his own request, was applied to the towel, which, after a time, produced insensibility; and, his pulse having been found full and regular, the operation, which did not occupy more than a minute or two, was successfully performed. He still remained under the influence of the anæsthetic, but his breathing was regular, and all was considered right. Some cold water was then thrown on his face to arouse him; but this not having the desired effect, other measures were resorted to, but with a like unfortunate result; and when, after a few minutes, his breathing became less frequent and more laboured, and the appearance of his countenance began to change, and his pulse had become nearly imperceptible, serious alarm was felt. Artificial respiration by the modern method was resorted to, and in this manner breathing was kept up for nearly half an hour; but, melancholy to relate, his spirit had passed away.

We are unwilling to add any observations which can give pain, but it is certainly to be lamented that Snow's inhaler, or some other efficient apparatus, was not employed. There is some reason to believe that Dr. Renwick was the subject of cardiac disease. The *North British Mail* mentions that some time ago a gentleman died under the influence of chloroform, at Girvan, while undergoing a similar operation.—*Lancet*, Jan. 7, 1860.

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Principal Epidemics during the past year.—Dr. Babington, in his address at the opening of the session, 1859–60, of the Epidemiological Society, gave the following interesting *resumé* of the principal epidemics which have appeared in different parts of the world during the preceding 12 months:—

"Cholera, we learn, broke out in July last at Bombay and Poona, and almost simultaneously on the continent of Europe, selecting on this, as on former occasions, the city of Hamburgh as the scene of its development. It next appeared at Helsingfors, in the Gulf of Finland, and afterwards in Southern Sweden; and, early in September, it declared itself in Stockholm, the capital of the kingdom. While cholera was prevailing in these northern latitudes, its appearance was also announced at Murcia, which is situated on the southeastern part of Spain. The disease, however, soon abated in the town; but it lingers still on the coast, as Alicante and Valentia are still considered as ports suspected of cholera. More recently, the disease has attacked Rotterdam and Bruges, at which latter place its progress was for some time most alarming.

"There was not, it appeared, any very satisfactory or trustworthy information with reference to the origin of this disease in any of the continental ports; but it was well known that, in the course of the past summer and autumn, cholera has been imported into several of the ports of this country by vessels from Hamburgh—viz: the river Thames (in two different vessels), Hull, Grimsby, Southampton, and North Shields. In the last-named port, the disease was communicated to a lodging-house on shore, where it proved fatal to two of the inmates.

"From the time that the existence of cholera was known, our government appears to have been fully alive to the necessity of taking measures against the invasion of this country by that scourge. Quarantine restriction was not resorted to, nor was the freedom of commerce or of intercourse with other countries at all interfered with; but every precaution short of these was taken by the authorities. All arrivals in the ports of this country, more especially in those having intercourse with Hamburgh, were carefully watched for cholera cases; and, in those vessels where the disease did exist, a certain degree of isolation from other ships, and of limitation of intercourse with the shore, but not such as to cause inconvenience, were recommended, and in all cases followed. The sick sailors brought into the Thames were at once transferred to the Dreadnaught, and, had occasion required, cholera hospitals were ready for immediate use. The local authorities at such ports were exhorted to provide places of reception for poor passengers and seamen who might arrive suffering from cholera. They were also furnished with the admirable provisional memorandum, drawn up by Mr. Simon, which earnestly urges upon local authorities the immediate and energetic exercise of the powers conferred on them by the Nuisance Removal Act, during the prevalence of cholera, diarrhœa, diphtheria, typhus, or any other kind of fever; and which also contains concise and clear suggestions for the prevention and mitigation of these and other epidemic disorders.

"Diarrhœa was unusually fatal in London during the past summer, and a death from cholera was occasionally to be found in the Reports of the Registrar-General. Partial outbreaks of cholera—as on the banks of the Itchen, near Southampton—were said to have occurred in some of the country districts; but nowhere in this country, except at Wick, in Caithness, and at Glass Houghton, in the parish of Castleford, near Pontefract, had the disease appeared in an epidemic form.

"In the West Indies, yellow fever had been prevalent at several of the islands, more especially at Antigua, Trinidad, and St. Thomas. In the La Platte, which arrived last week at Southampton from St. Thomas, there had been fifteen deaths from yellow fever during the passage home. Much remained to be done in the way of improving military barracks in the West Indies; and, indeed, a thorough and minute inspection of all the barracks in these islands seemed absolutely necessary, if we intend to put an end to, or, at all events, to mitigate, the evils of every-day occurrence in that part of our colonial possessions.

"Scarlatina and diphtheria had prevailed in most parts of this country, more especially in the rural districts.

"Diphtheria had also appeared in Australia. The origin and progress of this disease in a country like Australia, which had all along enjoyed a comparative exemption from epidemics, were subjects worthy of careful investigation."

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Injection of Sulphate of Atropine on the Pneumogastric Nerve in Asthma.—Prof. Courty, of Montpelier, has communicated to the Academy of Sciences of Paris a case wherein he used this novel kind of treatment. The patient was a lady, aged fifty-four, who, for several years, had suffered from very severe fits of asthma. No organic disease of the heart was discovered. Relief was obtained in several fits, which occurred at three and four months' interval, by emetics, purgatives, frictions with mercurial and belladonna ointments, opium, valerian, and blisters dressed with morphine, sulphureous waters, &c.

In August of this year, the fit having recurred, M. Courty injected on the internal side of the sterno-mastoid muscle, and on a level with the thyroid body, six drops of a solution of sulphate of atropine (one grain of the salt to one hundred of water), just on the tract of the sheath which contains the vessels and the pneumogastric nerve. The trocar was introduced to the depth of only three or four lines, for fear of injuring the important vessels of the region. Symptoms of narcotism were observed, but the breathing was freer. The effects of the atropine injection lasted till the next day, when a second and similar injection was made on the right side. The narcotism now persisted during three days, and was combated by purgatives, enemata, tartar emetic, &c.; and, on the fourth day, a third injection of seven drops was had recourse to, the canula being introduced a little below the former puncture on the right side, to the depth of eight or nine lines, and moved about to allow the liquid to penetrate. Strong narcotism ensued, but it did not last long, and the fit of asthma was completely controlled.—*Lancet*, Dec. 24, 1859.

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Operations under Hypnotism in Paris.—M. Azam, a physician of Bordeaux, has recently come to Paris full of a discovery of a new mode of performing surgical operations during insensibility. New, it is not, for he was first led to its investigation by Mr. Braid's writings on "Hypnotism;" but he has performed various additional experiments respecting it. The subject sitting or lying down, the operator places a mirror a few inches from his eyes, and in such a manner, that the eyes are directed strongly upwards by the superior recti muscles kept at their extremest point of contraction. In this attitude, converging strabismus is produced, together with considerable fatigue of the eyes. After scarcely two or three minutes, the pupils first contract and then dilate, the eyelids first rapidly oscillating and then closing—the patient soon, in fact, being asleep. Now are observed two symptoms which are, in a greater or less degree, almost constantly present, viz: *catalepsy*—in all points resembling the affection so named—and *anæsthesia*, which lasts from three to fifteen minutes, and which is followed by very marked hyperæsthesia. Any of these phenomena may be cut short during their manifestation by friction of the eyelids, or by directing on them a current of very cold air. MM. Broca and Follin have repeated this experiment with the same results; and, in a case under their care, a perineal abscess has been opened during hypnotism without any pain whatever.—*Med. Times and Gaz.*, Dec. 24, 1859.

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National Hospital for the Paralyzed and Insane.—This is the title of a new Hospital recently projected in London, and the subscriptions to which are rapidly progressing. Dr. BROWN-SEQUARD and Dr. J. S. RAMSKILL, have been appointed physicians to this Institution.

The *Edinburgh Medical Journal* (Jan. 1860) notices the reported appointment of Dr. Séquard in the following complimentary terms:—

"It is generally reported that this distinguished physiologist (Dr. Brown-Séquard), whose researches on the nervous system, more especially in relation to epilepsy and paralysis, have gained him a world-wide reputation, will be elected a physician to the projected Hospital for Epilepsy and Paralysis, in London. This appointment would command the universal approval of the medical profession, not more on account of the unrivalled merits of the candidate, than by the impulse it would give in this country to the scientific study and treatment of nervous diseases, the results of which would be of incalculable benefit to the public and to the medical profession."

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OBITUARY RECORD—Died, in Dublin, on December 21st, of disease of the heart, Dr. WILLIAM FETHERSTON H. MONTGOMERY, late Professor of Midwifery in the College of Physicians, aged 62. Dr. Montgomery's name was "known and honoured wherever midwifery is practised."

NOTICE TO SUBSCRIBERS.

IT will be observed that the "Library Department" for the present year will be occupied with the Clinical Lectures of Professor Simpson, of Edinburgh, on the Diseases of Females. This valuable series is now appearing, with the approbation of the Author, in an English periodical not generally accessible to the profession of this country; and as it presents the latest views of Prof. Simpson on practical subjects of much general importance, the publishers trust that it will prove acceptable to their subscribers.

The topics discussed at length in the Lectures which have already appeared, are Vesico-Vaginal Fistula; Cancer of the Uterus, its Pathology, Semeiology, and Treatment; Carcinoma of the Uterus and Mamma; Dysmenorrhœa; Closures and Contractions of Vagina, etc.; Caruncles of the Urethra; Neuromata of the Vulva; Hyperæsthesia and Neuralgia of the Vulva; Abscess of the Labia, and various forms of Vulvitis; Surgical Fever, its Etiology, Semeiology, and Treatment; Phlegmasia Dolens; Diseases and Deformities of the Coccyx; Pelvic Cellulitis; Pelvic Hæmatoma and Varix of Pudendal Veins; Spurious Pregnancy; Diseases of the Ovaries, etc. etc. These will be immediately followed by others treating of Cranioclasm, a new form of Craniotomy; Fibrous Tumours and Polypi of the Uterus; Inflammatory Affections of the Uterus and Vagina; Displacements of the Uterus; Diseases of Menstruation; Physical Diagnosis of Diseases of the Ovaries, Uterus, etc.; Surgical Operations on the Vagina and Perineum, etc. etc.

Although in a series of Clinical Lectures no systematic order is possible, still the author promises that nearly all the diseases and accidents incident to women will be fully discussed during the course. It will thus constitute a Treatise on Female Diseases of much value to the practising physician.

PHILADELPHIA, February 1st, 1860.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Death from Cerebral Disease, after Ligature of the Carotid.—The usual cause of the failure of a ligature placed upon the carotid artery is softening or some other disease of the brain, the result of defective nourishment, arising from an imperfect collateral circulation. Mr. Erichsen, in his *Science and Art of Surgery*, quotes a table of Dr. Norris, of ligature of the carotid followed by fatal cerebral disease. Out of 149 cases of deligation of this artery, 32 were fatal, 18 of these resulting from cerebral disease. Curiously enough, in 10 cases in which both carotids were tied in the same patient, and where great cerebral disturbance might have been expected, only one death ensued. Disease of the brain, then, must arise from the inequality or imperfect balance of the circulation in the two hemispheres, when one of the carotids only is ligatured, but which, nevertheless, impairs the function and power of the entire cerebrum. With these observations, we have now to state that the case of ligature of the carotid artery, applied by Mr. Stanley at St. Bartholomew's Hospital on the 26th of October, for a supposed wound of that vessel in puncturing the tonsils (see No. of *Med. News* for Jan. last, p. 1), terminated fatally, quite suddenly and unexpectedly, on the 24th ult.

Apparently, a most excellent recovery had ensued, and the patient was on the eve of leaving the hospital to spend Christmas-day with his family, when he was seized with paralysis of the right side of his body, followed by insensibility, coma, and death, within four hours, as we were informed by Mr. Rogers, Mr. Stanley's house-surgeon. It appears, however, that the poor man had

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been complaining of his head for about a week before this event happened.

After death, the posterior part of the brain was found softened and extensively disorganized—indeed, it was diffluent. A small abscess was present in its anterior, and three others in its posterior parts. There was no effusion of blood or serum. The jugular vein was sound, but the carotid artery was thickened, with suppuration in its interior up to the point of its bifurcation. Dissection further revealed a wound of the tonsillar artery, and not of the carotid, as was originally supposed.

It appears that this patient's constitution had been severely tried in various hot climates—he was in the Crimea, amongst other places; and lately was on the strike, being by trade a handicraftsman.—*Lancet*, Jan. 14, 1860.

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False Axillary Aneurism after Fracture and Dislocation of the Humerus; Death.—Two most interesting cases of false aneurism have recently occurred at St. Bartholomew's Hospital. In the first, the man was under Mr. Stanley's care, and owing to the extreme obscurity attending the diagnosis, it was judged best to tie the external iliac. At the autopsy, the tumour proved to have been a false aneurism, consequent on spontaneous laceration of the profunda artery. In Mr. Skey's case, as there was a history of dislocation of the humerus five weeks before, and as the tumour had formed in the axilla of that side, no doubt existed as to its nature, or its cause. Opinions were, however, greatly divided, as to whether the subclavian should be tied, or an attempt be made to find and secure the vessel at the injured spot. Mr. Skey decided to adopt the latter operation, and was successful in its completion, though after a troublesome dissection, and considerable loss of blood. Such was the state of the parts from consolidation, extravasation of blood, etc., that it was scarcely possible to feel sure whether it was the trunk of the axillary itself which had been tied or not. The patient was an elderly woman, and very feeble, and sank about thirty hours after the operation. The autopsy, the notes of which are appended, showed that the axillary trunk itself had been tied.

Notes of the autopsy, performed twenty-four hours after death.—On exposing the cavity formed by the extravasated blood, the axillary artery, where it is surrounded by the brachial plexus, was found to be torn asunder, the two ends of which were securely tied. That portion of the radial nerve, which enters into the formation of the brachial plexus, was also rent asunder. No local insensibility of the arm was detected during life, nor was attention directed to it in consequence of the larger evil; but the woman complained of general numbness, which might be referred either to pressure on the brachial nerves, or possibly to pressure of the largely extravasated blood. On examining the articulation, the fibrous capsule was open by a small rent, and the synovial membrane partook of the general discoloration of the structures around. The humerus was fractured very obliquely, from the head downwards, to the extent of five inches. The lower fragment commencing in an acute point, corresponded with the laceration in the artery and nerve, and had probably caused it.

Much discussion had taken place prior to the operation, as to the most eligible proceeding to be adopted. Positive reduction in the size of the tumour was obtained by pressure on the subclavian artery passing over the first rib. Hence a ligature on that vessel was suggested, with a view to arrest the hemorrhage, and to obviate the necessary evils of an operation, which must injuriously expose the cavity of the sac. An additional motive for selecting the former operation arose from the great probability that the shoulder-joint would by the latter be exposed to the air. Mr. Skey, however, laid the sac open, and tied the artery at the part wounded, giving as his reasons the following: 1st. That diminution of the size of the tumour, on pressure on the subclavian, was no conclusive evidence that future hemorrhage would not occur from the wounded vessel, even supposing temporary benefit to arise from the operation; and, 2d. That as the accident had occurred five weeks prior to the date of the operation, it was reasonable to suppose that the wound in the fibrous capsule had sufficiently healed to prevent access of air to the joint. In the validity of this reasoning, most of Mr. Skey's colleagues fully concurred.—*Med. Times and Gaz.*, Jan. 14, 1860.

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Puncture of the Ascending Aorta by a Needle; Death; Autopsy.—S. H., aged 19, a fine, healthy-looking young woman, walked into the surgery at St. Bartholomew's Hospital, about 2 A. M., on Tuesnay, Jan. 3, and stated that she had had a few words with a man, who had given her a push, and driven the hook of her dress into her chest, about fifteen or twenty minutes previously. Mr. Farrington examined her, and found that on the right side of the sternum, between the second and third costal cartilages, the skin was projected forward about one-eighth of an inch by some foreign body, which received a pulsation synchronous with the action of the heart. A small puncture, such as would admit a pin, about a quarter of an inch from the projection, was the only wound visible. There was a single spot of blood on her chemise. On questioning her, she said it might possibly be a needle, as she sometimes carried them stuck in her dress. She complained of a slight sense of fulness in her throat, and pain in the right shoulder. Her respiration was slightly accelerated; pulse 120, which might have been due to excitement. She said that if it could be taken out, she was quite well enough to go home. It was with much difficulty that she was persuaded to remain in the hospital. She walked to the ward, and on arriving there complained suddenly of great pain in her chest, and of feeling very faint. Mr. Farrington saw her a few minutes afterwards, and found her in great pain. Her countenance was livid, and her expression anxious. The projection on the right of the sternum still remained, though it was now quite motionless. The action of the heart was extremely feeble, the radial artery being scarcely perceptible. Respiration was deep and slow, ammonia was applied to the nostrils, and the pulse slightly revived. Mr. Farrington now made a small incision over the projection, and with some little force extracted a piece of a needle one and seven-eighths of an inch long, the outer end being slightly bent, and the part containing the eye being broken off. It took a direction obliquely beneath the sternum and rather downwards. Brandy was given to her, but she was unable to swallow it. Her condition gradually became worse. Delirium supervened, the heart became more and more oppressed, the sounds becoming more feeble and distant, the pulse being occasionally quite imperceptible, and then feebly returning. Respiration deep and at long intervals. She gradually sank, and died about an hour after her arrival at the hospital.

Autopsy, Thirty-two hours after Death.—The seat of the puncture was found to be just below the second costal cartilage and close to the right edge of the sternum. Two small punctures were found in the pericardium, their situation nearly corresponding to the external one. The pericardium was fully distended and contained about a pint of blood, the serum having separated from the clot, which latter quite encased the heart. Beneath the external coat of the aorta, just at its commencement, was an extravasation of blood about the size of a shilling. About half an inch above the aortic valves were three or four punctures, such as would have been made by the needle; through the whole thickness of the outer wall of the artery, and within a quarter of an inch of each other, one puncture being about one-sixteenth of an inch long, and as if enlarged by the pulsation of the artery while the needle was fixed in it. Both lungs were much congested, and contained very little air. The other organs examined were healthy.—*Med. Times and Gaz.*, Jan. 14, 1860.

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Hemorrhage from the Removal of Dead Bone.—In the union of severely comminuted and compound fracture, the normal position of parts will sometimes become changed, and the course of even one of the larger bloodvessels may be altered. This is only to be discovered when any operation is subsequently required, such as the removal of a piece of dead bone. An illustration in point was presented to our notice at St. George's Hospital on the 22d of December. An elderly man was brought into the operating theatre with necrosed bone over the site of a fracture of the left tibia, which occurred two years ago. The bone was broken into several pieces, and a wound communicated with the fracture. The leg was carefully put up, and union ensued, with some slight deformity, but nevertheless a good limb was saved. Some dead bone remained, and was the cause of much trouble. Mr. Cæsar Hawkins used the trephine, and removed the whole of it. It was necesssary to employ the scalpel in reflecting back the tissues, and in doing this the anterior tibial artery was wounded; its course had somewhat deviated across the fracture, and it seemed to be lodged in a fossa formed by a projecting piece of bone. Attempts were made to take up the vessel with the forceps and to apply a ligature, but all were unsuccessful, until a square mass was dissected away and isolated, including the vessel, when a ligature, placed over all, stopped further bleeding. The hemorrhage, however, was most difficult to control until this process of isolation was adopted by Mr. Pollock. The patient is going on well, and free suppuration has been established.—*Lancet*, Jan. 21, 1860.

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Hydrocele radically cured by the Wire Seton.— With some surgeons the use of metallic wires, in the radical cure of hydrocele, is finding much favour, from the fact of their application being easy, the cure tolerably speedy, and the pain of trifling amount: the last, we need not say, is a desideratum of importance. In the number of this journal for Sept. 10th last, we referred to five cases of hydrocele in which the silver wires were successfully employed by Mr. Pollock, at St. George's Hospital, one of them being an encysted hydrocele of the cord. Since then he has treated others. We saw these wires applied, in his eighth case, on Dec. 8th, in the person of a man with a large dropsy of the tunica vaginalis. This was tapped, a needle being passed into the canula, armed with a silver wire, and out through the scrotum. The canula was now withdrawn, and the two ends of the wire tied. This case subsequently did well, and was a good cure. Mr. Pollock afterwards stated that all injections for the cure of hydrocele were attended with some amount of pain, often very severe, the cure not unfrequently being tedious. Iodine, he observed, causes excessive distress and faintness, and will even fail to cure in some cases. He recollected an instance in which a man fainted from its use. The wire is simple, and causes no pain until secondary inflammation is set up. From thirty-six to forty-eight hours is the maximum time that he considered that the wire should be left in, when sharp pain and effusion occur, and then it is removed. The cure is effected in two weeks. If the wire be left in too long, the pain will be very severe. In one case, however, that of a young man with an encysted hydrocele of the cord, containing four or five ounces of serum, the wire was left in for a week, during which time he was walking about. Mr. Pollock thought there was not the same amount of risk when the dropsy is confined to the cord as when it exists in the old situation. The cyst was obliterated, and continued to be so, as verified by an examination some months after.

These wires we have seen Mr. Fergusson employ in similar cases at King's College Hospital, and with equally good results. —*Lancet*, Jan. 14, 1860.

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Turpentine in Hæmoptysis.—There are several well-known remedies which justly enjoy a high reputation for arresting attacks of hæmoptysis, and amongst them may be mentioned acetate of lead, gallic acid, and dilute sulphuric acid. These we see commonly employed, and almost invariably with success. From some cause or other, however, they will sometimes fail, and our reliance must be placed upon some other astringent and styptic, which shall have the power of effectually checking this slow form of bleeding from the lungs. The oil of turpentine is, perhaps, one of the best next to those we have mentioned, and when properly administered can be relied upon. We lately observed two cases of hæmoptysis in the Charing-cross Hospital, under Dr. Willshire's care, which continued obstinately persistent, in spite of the free use of acetate of lead firstly, then gallic acid, and thirdly dilute sulphuric acid. One patient was a young man aged twenty-one years, who has had several recurring attacks of this symptom; he was admitted on the 28th of November. The hemorrhage was stopped only when the oil of turpentine was administered in doses of twenty-five drops three times a day in a little syrup and water.

The other patient was a female, at first in the surgical wards under Mr. Hancock's care; she had had a breast amputated, which was followed by intense congestion of the lungs, with hemorrhage. She was now transferred to Dr. Willshire's care, and after taking the other remedies in full doses without effect, the turpentine completely controlled the bleeding, and she is gradually improving.

The efficacy of turpentine is well known in hemorrhages from the urinary passages, and also from the uterus—that is to say, in their passive form; and as it exerts a specific and peculiar influence upon mucous surfaces generally, we may look for good results in other parts of the body, of which the bronchi are most certainly not the least important.—*Lancet*, Jan. 14, 1860.

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Goitre successfully treated by Large Doses of Bromide of Potassium and Liquor Potassæ.—Cases of goitre, and especially those of long standing, are some of the most troublesome and unsatisfactory that fall under the notice of practitioners. In many of them, even where treatment has been successful for a time, it sometimes happens that from very trifling exciting causes the gland enlarges to as great a size as ever. During the past year we had the opportunity of seeing over a dozen examples of goitre, under Dr. O'Connor's care at the Royal Free Hospital. In a few of those cases, iodide of potassium, in small doses, gradually increased to much larger ones, with the external application of strong iodine paint, was tried without benefit. The same remedies in combination with steel, and generous living, were equally unsuccessful. Bromide of potassium, in doses of five grains, with ten minims of liquor potassæ in infusion of quassia, was next tried, and continued for some time, with benefit, the bromide being gradually increased to doses of twenty-five grains, three times daily, with forty minims of liquor potassæ. In all the instances in which it was given for a proper length of time, the result was a complete disappearance of the glandular enlargement. The minimum dose of the bromide now administered in these cases by Dr. O'Connor is ten grains, with twenty minims of liquor potassæ and infusion of quassia. There are now three patients under treatment in whom the progressively beneficial effects of this remedy are clearly discernible. In many of these cases strong iodine paint is used as an application. We have heard Dr. O'Connor state, that the bromide of potassium does not produce any of the depressing effects of the iodide, which is a practical point of very great importance.—*Lancet*, Jan. 21, 1860.

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Diseases of the Spleen.—The well recognized facts which have been brought forward to illustrate two special diseases in which the spleen is more or less engaged—namely, leucocythæmia splenica, and anæmia lymphatica, will help most materially in bringing the various conditions to which this singular organ is pathologically liable, into something like a form for analysis and classification. Our knowledge of disease of the spleen, *per se*, is valueless, unless we associate some other condition with it. During life, almost the only abnormal state hitherto diagnosed is enlargement; and if there be an absence of white-cell blood, or lymphatic glandular disease, we must look to some other cause for an explanation of the morbid influence acting on the spleen. This reminds us of two cases of splenic enlargement which came under our observation many months back: one, a patient in Faith ward of St. Bartholomew's Hospital, was under Dr. Burrows' care. She was twenty-one years old, had considerable hypertrophy of the organ in question, a pleurisy of the right side, and brow ague. It was difficult to determine the nature of the disease here, and the ultimate result is unknown, because she left the hospital, and was lost to observation; although she could have survived but a few weeks, as she was in a very low and exhausted condition. The other case was a male patient, under Dr. Hawkins' care, in the Middlesex Hospital, in January, 1858, who had enlargement of the spleen only, accompanied by dysentery. Violent purging, and hemorrhage from the stomach and bowels, arise in the course of disease of the spleen; and by-and-by, it is to be hoped, as our knowledge extends, that we shall be enabled to understand and explain these symptoms.

The spleen is subject to inflammation, softening, tuberculosis, cancer, and other diseases, besides congestion and its consequences in intermittent fever. Many good examples in which this organ was diseased in various ways, will be found in the chapter on its pathology in Dr. Crisp's *Treatise on the Structure and Use of the Spleen.*—*Lancet*, Jan. 14, 1860.

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Palsy and Wasting of the Flexors of the Forearm, from Hat-Pressing.—In wrist-drop, or palsy of the forearm and hand, in persons who are subject to the poisonous influence of lead, the extensor muscles are chiefly affected, and wrist-drop is the result. The fingers are seen to be flexed upon the hand, and the hand upon the forearm. The affection is a peculiar one, and not easily mistaken. We had the opportunity of seeing an opposite condition to the above at Guy's Hospital, on the 6th December, in the person of a young woman, aged twenty-two years, whose occupation was that of a hat-presser. In her there was paralysis of the flexors of the forearm and hand, with wasting of the muscles. For five years, whilst employed in her avocation, this affection had been gradually coming on, and at last she had to give it up, as her hands and forearms were almost useless When she first came under the care of Mr. Bryant, about twelve months ago, the bones of the metacarpus could be plainly seen and felt in the palm, and the entire anterior aspect of the forearm was shrunken and wasted. She could not flex the hands upon the wrists, and could scarcely hold anything. Under the use of galvanism three times a week for nearly a year, she can now, however, flex the wrist pretty freely, and can grasp any substance with the fingers only, but the latter do not freely bend into the palm of the hand. The fleshy portion of the flexors of the forearm has, to some extent, regained its normal size, but the tendency of the hands and wrists is to bend backwards. The back of both hands appear natural, but the forefingers and thumbs cannot be used. She of course gave up her old occupation when she first came under treatment. Her general health has always been good.

A short time back we saw a case under Mr. Erichsen's care, at University College Hospital, of a man who had temporary paralysis of the supinators of his right forearm, from the constant use of tailors' shears.—*Lancet*, Jan. 21, 1860.

CLINICAL LECTURE.

Practical Clinical Remarks on the Dressing of Wounds and Bruises, with some Observations on Position as a Remedial Agent. Delivered at Middlesex Hospital, by Mitchell Henry, Esq.; Surgeon to the Hospital.

Gentlemen.—It may broadly be stated that in no one particular is a reflective surgeon more distinguished than in the care he bestows upon the external management of the cases that come before him. He who does not endeavour to refer all his proceedings to the guidance of reason, or who proceeds in the path of routine, without regard to the *principles* involved in the treatment he adopts, will never make any considerable progress in his profession, and will always be behind rather than in advance of the times in which he lives. In nothing is the truth of this statement more conspicuous than in the dressing of sores and wounds. In former times the error lay in doing too much—vulneraries, ointments, bandages, and stimulating applications, formed, as with some they still do, the necessary accompaniments of every practitioner. On the continent, and especially in France, the surgeon is never content to let a wound alone; but, when he cannot find an excuse for doing anything else, invariably applies to it, in passing, a solution of nitrate of silver, which he carries with him for the purpose. In England, however, there has long been a reaction against this excessive meddling, and the error is now rather the other way. Influenced by the encomiums of Mr. Abernethy, the application of a "well-made poultice" forms the easy method in which a vast variety of suppurating wounds are habitually treated by professional men as well as by the public. It might have been expected that the outcry which was formerly raised by Mr. Liston against this practice would have effectually discountenanced it; but personal observation will convince any one that it is far from being exploded, even in our hospitals. I have seen many a limb become disorganized within the folds of the cloth that contains the poultice—many an inflammation, and especially many a phlegmonous inflammation, spread, under a similar application, until it has cost the patient his life; and many a burn prove fatal from want of careful dressing. It does not require that we should go far to seek the reason for this state of things; it is simply that the *patient dies poisoned by his own secretions.* He might just as well live over a drain, or expect to regain health and strength in an atmosphere of sulphuretted hydrogen. Pus, however formed, or in what situation soever found, is a morbid secretion which must be checked, and got rid of as soon as possible. Sloughs and disintegrated tissue are matters which have no business in contact with living textures. A poultice, though often renewed, retains these noxious materials in the neighbourhood of absorbents, which, from the removal of the integuments, are unusually well placed for conveying poison into the system; and hence it is that so many patients suffering from severe burns die from a species of low typhoid fever after they have survived the first shock, and their wounds are "suppurating kindly." Pyohæmia and general infection of the system may often be traced to the absorption of putrid matters from suppurating sores, and it therefore becomes of great importance to provide for the effectual cleansing of wounds, and for the oxygenation of such discharges as are unavoidably retained in contact with them. These things are almost impossible under the poulticing system, even with the addition of charcoal, yeast, carrots, and other substances which are commonly used for that purpose. It must not be supposed, from the foregoing remarks, that poultices are to be indiscriminately condemned; with certain restrictions they are proper and useful; but I speak thus definitely, because I wish to rouse your attention to certain "*common things*," which are in danger of being lost sight of from their very homeliness.

First, I wish to say a few words to you respecting *bruises*. They are of various degrees of intensity, sometimes being very trifling in amount, and sometimes reaching to the almost complete disintegration of the tissues; and, if at all serious, are invariably accompanied by the effusion of blood from the broken capillaries underneath the skin. The great extent of these effusions of blood, extending as they do sometimes for a space of a foot or more around the seat of injury, the feeling of soreness which they produce, and the changes of colour which the absorption of the blood gives rise to, are familiar to us all. We all know, too, that condition of general shaking, from a fall or the like, which causes people to complain of "being bruised all over." In fact, bruises in some shape or way are the commonest of all injuries, and those for which surgical aid is most frequently required. It is gratifying, therefore, to know that in the common arnica plant, and in the tincture prepared from it, we have a remedy of very singular efficacy, applicable in all cases, from the most trifling to the most severe. I have employed it for several years past in a vast variety of cases, and can speak of it from experience as unapproached in power by any other remedy or combination of remedies whatever. Many persons suppose that we are indebted to the homœopaths for the introduction of arnica; but this is quite a mistake, although it has been more prominently brought into notice by their commendations. Arnica has long been in use as a popular remedy in Germany, as well as in this country. In Ireland, a poultice of arnica leaves (the leopard's bane) is a favourite application to the "broken knees" of a horse, and is a far more rational one than the stimulating "oils" so commonly used in England. To bruises, to allay the smarting of wounds after operation, to fractures, dislocations, and all similar injuries, it may be applied with implicit confidence in its power, to the exclusion of fomentations, cooling lotions, and leeches. The only objection that can be made to it is that it sometimes irritates the skin; but this proceeds from its being employed in too great quantity and strength; or it is possible there may be a peculiar idiosyncrasy which predisposes the skins of some persons to become irritated by it. I can only say, however, that such cases must be rare indeed, for I have never met with one. I never employ it weaker than two drachms of the tincture to the pint of water, or stronger than two drachms to the ounce of water, and this only in rare cases, and for a short time, until pain has abated. The most useful strength is four or six drachms to the pint, and this may be kept as an hospital preparation, and used indiscriminately. In cases of very severe shock, as in heavy falls, a few doses of the tincture in quantities of five minims, administered internally at intervals of four or six hours, and carefully watched, for it is a depressant, will give great relief.

A few examples will serve to illustrate the foregoing remarks, and, first, one from my own personal experience: Three years ago the top of my finger was caught and violently jammed in shutting a carriage door. In the course of a few minutes the nail got black, and blood oozed from beneath its sides, whilst the pulp of the finger swelled up into a distinct tumour from the effusion of blood, and I need hardly say the pain was excessive. I went to the nearest chemist's, and got a lotion composed of two drachms of the tincture of arnica in one ounce of rose-water, and applied this assiduously as fast as the lint wrapped round the finger became dry, at the same time taking care to keep the hand well elevated. In the course of an hour the pain had very much abated, and I added some water to my lotion. Before going to bed at night, all inconvenience had ceased, except when the part was touched; the blackness rapidly disappeared, and in a few days my finger was perfectly well, without the loss of the nail, and in striking contrast to what usually happens in such cases.

Many of you will remember a man, lately discharged from Clayton ward, who had fallen from a scaffolding twenty feet high, and had alighted upon the broad of his back. His sufferings were extreme; he passed blood in his urine, and subsequently for two days had retention. Nevertheless, the arnica lotion applied to his back, and a few doses of the tincture taken internally, relieved him in a marvellously short space of time, although every surgeon knows that there is not a more troublesome or lingering affection than this general shaking or bruising from a heavy fall.

Another patient, not yet discharged from the same ward, had an obscure injury to the shoulder-joint, simulating dislocation, for which attempts at reduction under chloroform had been made before I saw him. The injury was probably fracture of the glenoid cavity of the scapula, and was followed by ecchymosis extending half way down the back, and by very acute pain. Here the arnica was no less useful than in the former case, and the man has now almost recovered the use of his limb. To all our fractures you know it is an established remedy, and you saw me lately employ it as a lotion to relieve the pain which followed an operation for the extraction of cataract. Some of you will recollect that very formidable case of fistula in ano which lay in Bird ward, and which required so many operations for its cure. Nothing alleviated the severe pain attendant on it so much as arnica. I am informed by our house-surgeon, Mr. Cresswell, that he paints over any black eye that may be seen in the surgery with the pure tincture, which has the effect, in the early stage, of preventing the ecchymosis almost entirely, and, in a later one, of rapidly getting rid of it. But I might multiply these cases indefinitely. I am bound to say, however, that I have not as yet found it to be so efficacious in relieving the pain of cancer as we might have hoped it would be, and this probably arises from the fact that its action seems to be confined principally to the cutaneous and immediately subjacent textures. And this leads me to speak of its *modus operandi.* We know very little indeed of the ultimate action of any medicine or external application, but the probability is that arnica produces anæsthesia of the cutaneous nerves, and exerts some influence on the ganglionic nerves, which surround the bloodvessels, and regulate their action; for it certainly arrests the formation of thrombus and ecchymosis. However, whether this is theoretically correct or not, the practical efficacy of arnica is incontestable.

I have only one other hint to give you as to the treatment of bruises, and that is—whenever practicable, keep the limb well elevated above the plane of the body; but upon this important subject I shall have more to say by and by.

Wounds.—As regards the treatment of recent wounds, whether connected with fracture or not, it is also necessary to be on your guard lest meddlesome surgery, like meddlesome midwifery, prove injurious to your patient. When hemorrhage has ceased, and the part has been perfectly but gently cleansed, all torn and displaced textures should be carefully brought together, taking care that no stretching of the integuments is permitted. In many cases, where there is a disposition to sanguineous oozing, a bit of dry lint forms the best and readiest application. The albumen of the blood coagulates and hermetically seals the wound; whilst, at the same time, it is by no means prone to decomposition, so that it will dry and adhere for many days without becoming offensive. The case is quite different with clots of blood, which are notoriously apt to putrefy when exposed to the air. Strapping and adhesive materials, except sometimes as tending to support and consolidate the sound textures, should be avoided—metallic sutures, either of well annealed iron wire or of silver wire, being substituted for them. Metallic sutures excite no irritation, and may fearlessly be employed in every situation and to all textures. Unlike sutures made of vegetable materials, the holes through which they pass undergo no suppuration or ulceration, and they may be left *in situ̇* for an indefinite period—for three weeks if it be desired; indeed, it is not an uncommon event for us to lose a wire suture altogether, the patient leaving the hospital with it still in his body. The arnica lotion should be applied over the wounded part, which, when practicable, should also be kept elevated high over the patient's body; and the relief that these two measures afford will surprise persons who are not familiar with them. The only exception to the propriety of elevating the limb is in cases in which there is much loss of temperature from defective circulation, or a fear of sloughing from the severity of the injury. To limbs in this condition, thick layers of cotton wool form the most advisable application; but, in my opinion, no worse practice can be adopted than that which is too common—namely, the placing of the injured part in a hot poultice that it may "recover itself." The results of careful adjustment, and of attempts to save textures and parts, almost against hope, will amply repay the surgeon, who, at the same time, places his reliance in opium and wine as constitutional treatment. I may here mention that when reaction and inflammatory fever set in, the tincture of aconite, when carefully watched, will exhibit the surprising power which it exerts over all forms of vascular excitement.

Suppurating Sores and Wounds.—Your minds cannot be too strongly impressed with the truth, that suppuration is a great evil, and may become a great peril to your patient. All applications that promote it are, therefore, to be avoided—such as hot fomentations of all kinds, poultices, and ointments. Torn and disorganized parts will suppurate in spite of all we can do. Our efforts must, then, be directed to rendering the process as little inconvenient as possible. The most scrupulous attention must be paid to supporting the suppurating textures by means of splints, strapping the sound parts of the limb, and applying graduated pressure, so as to limit the area of suppuration, and prevent the matter from burrowing. Next, the pus itself must be rendered as innocuous as possible by attention to cleanliness, and by disinfection when, as is most commonly the case, this also is required. Long ago impressed with the fact that erysipelas, diarrhœa, phlebitis, and low fever could often be traced to the foul condition of suppurating sores on the patient's own body, I have tried almost every disinfectant that has come before me, including of late the mixture of plaster of Paris and coal-tar, now so much eulogized in France. One objection to it, and to several others—as, for instance, charcoal, one of the best of all—is that they are unseemly, or smell disagreeably. No such objection, however, applies to a solution of Condy's fluid (the permanganate of potash), which, for two years past, I have largely and most beneficially employed in the case of all varieties of suppurating sores. A solution of from half a drachm to two or four drachms of the purple fluid, to the pint of water, will keep even the most offensive sore sweet and clean, and, as a general rule, produce no pain whatever. If it does, the solution must be made weaker, until the required strength is attained, for there is a great difference in respect to its tolerance amongst patients. Its benefits are, perhaps, more strikingly displayed in the case of burns than in any other form of suppurating sore. From the day that suppuration commences in the case of a burn or scald, under my care, it is dressed with lint saturated with a weak solution of this fluid, commencing with half a drachm to the pint of water, over which a layer of cotton wool is applied. I have no hesitation in saying that burns thus treated will get well better than under any other system that I am acquainted with. The smell, always one of the most distressing features in these cases, is very greatly lessened, if not altogether destroyed; and the patient, no longer tormented with a horrible odour constantly under his nose, regains his appetite for food, whilst he is spared the chances of constitutional affections from absorption of putrid matters.

Amidst the variety of cases thus treated which you have all seen, I need but single out, as an example, the case of Bridget C——, who for eight months lay in Bird ward. Hers was one of the worst cases of burn that I ever saw recover, extending, as it did, over nearly all the left side of the trunk and abdomen, by far the most perilous situations, as well as over the left upper and lower extremities. Those of you also who have watched, as I requested you would watch, that old woman from whom I recently removed a large polypus which had grown into the frontal sinus, and displaced the eye, will have observed how the serious typhoid condition into which she was thrown by the putrid discharge flowing back into the pharynx, was chiefly relieved by the assiduity with which the discharge was disinfected by injecting the two-drachm solution of Condy's fluid into the nares every four hours. So also you have often seen it employed as a wash for the mouth, as an application to destroy the fetor of cancerous sores, and as an injection in uterine carcinoma. Chemical science teaches us that the permanganates are true disinfectants because they oxygenate, and do not act merely as deodorizers.

Position as a Remedial Agent.—The last subject upon which I wish to speak to you at present is, the importance of enforcing an elevated position of the limb in a large proportion of the surgical lesions that come under our care. I add this to the other topics spoken of previously, because it is in practice inseparably connected with them, and because the whole of these observations taken together constitute a picture of the daily routine which, with various modifications suggested by experience, you will be called upon to follow out in the course of your ministrations. Whatever be the ultimate cause of inflammation, there can be no doubt that there is an accumulation of blood in the neighbourhood of injured and inflamed parts, arising partly from retardation in the circulation, and partly from an increase in the quantity sent to them. Even on the explanation of the mechanical pressure thus exerted on the nervous twigs, much of the pain complained of becomes explicable; but comparatively few persons are aware of the prodigious power which a great degree of elevation of the limb exerts upon the inflammatory process when it occurs in an extremity. If you elevate one hand high above the head, and suffer the other to fall down by the side, in the course of a very few minutes you will find how completely the one has become blanched and cold, whilst the other is hot and dark coloured. So it is with an inflamed limb; but a trifling degree of elevation is of no use; the lower extremity must be placed in the position which we adopt in cases of fracture of the patella; whilst the upper extremity, if the inflammatory symptoms run high, must be tied up, and supported as nearly as possible in the perpendicular position. I have kept limbs in these positions for a week at a time, although in the case of the upper extremity twenty-four or forty-eight hours of the extreme degree of elevation is all that is required. If both arms are placed high above the head, the effect produced in the cerebral circulation becomes very marked; and some persons are in the habit of relieving the severity of a morning headache, which they experience on waking, by the adoption of this simple proceeding. I was much struck by the fact that the sudden death of the Duchess D'Aumale, which occurred whilst she was convalescent from her confinement, took place as she sat up in bed combing her hair. A very few examples of the beneficial effects arising from this plan of elevation will serve to remind you of what you may any day observe for yourselves in the hospital. Some little time ago a patient was received into Regent ward, with phlegmonous inflammation of the left thigh and leg, following on a slight wound, in an unhealthy constitution. The limb was much swollen, of a universally dark-red hue, inclining here and there to a claret colour, very œdematous, pitted on pressure, and intensely painful. Some years ago I should have adopted the practice which I learned at the hospital where I was educated, and should have made free incisions into it, to be subsequently followed by poultices; but now I had it wrapped in cotton wool, and maintained flexed at an acute angle with the abdomen, whilst a few small doses of the tincture of aconite were administered to the patient, for the general febrile disturbance was very considerable. In the course of six hours the pain, swelling, and redness had greatly abated, so that the patient slept as she had not done for many days previously. Subsequently, two or three small abscesses had to be evacuated from beneath the skin, and the patient got well under the employment of the tincture of iron, good living, and wine, with a speed which experience of both plans of treatment enables me to affirm she would not have done had the bloodletting incisions been resorted to. I might multiply such cases if it were necessary to do so. Take, for another example, the case of the woman now in Bird ward, who was admitted with a neglected scald of the ankle of a fortnight's standing. Observe how the enforced elevation of the limb speedily eased the extreme pain, and changed the character of the deep-red, inflamed, foul, discharging ulcers.

Similar instances you have seen in the case of the upper extremity; but, for a specimen, let me refer you to that girl who was admitted for repeatedly-recurring hemorrhage from a wound of the palmar arch. You know that the wound itself was sloughing, from the pressure which had been applied to it for some days before she came to the hospital, and that forcible flexion of the elbow-joint failed to stop the bleeding. A piece of bougie, rendered thicker by having lint wrapped around it, was strapped along the course of the radial and ulnar vessels at the wrist, and for ten days the girl's hand was tied up, wrapped in cotton wool, to the head of the bed-post. She speedily got accustomed to the inconvenience of the position, and, almost contrary to expectation, the wound healed kindly, without further hemorrhage.

I may mention, in order to show that this position of the arms, though unpleasant, is by no means unbearable, that I am acquainted with the case of a young lady who for two years slept with the hands and arms thus raised, as a means of preventing her from practising masturbation, which had reduced her to the lowest state of mental and bodily weakness.

These things, gentlemen, may appear to be but little matters, but you may depend upon it that as our knowledge increases so do our plans of treatment become more precise and simple.—*Lancet*, Dec. 10, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The American Medical Association will hold its thirteenth annual meeting at New Haven, Ct., on the *first Tuesday of June*, 1860.

The secretaries of local societies, colleges and hospitals, are requested to forward the names of delegates, as soon as they are appointed, to

STEPHEN G. HUBBARD, M. D.
Secretary.

New Haven, Ct.

National Convention for Revising the Pharmacopœia.—The following appointments of Delegates to the Convention for revising the Pharmacopœia, to meet in Washington on the first Wednesday in May next, having been duly made known to me, are hereby announced, in compliance with a provision of the Convention of 1850.

From the Massachusetts College of Pharmacy, Messrs. Theodore Metcalf and Charles T. Carney; from the New York Academy of Medicine, B. W. McCready, M. D., E. H. Davis, M. D., and E. R. Squibb, M. D.; from the College of Physicians of Philadelphia, Geo. B. Wood, M. D., R. P. Thomas, M. D., and Robert Bridges, M. D.; from the University of Pennsylvania, Joseph Carson, M. D., R. E. Rogers, M. D., and Joseph Leidy, M. D.; from the Jefferson Medical College of Philadelphia, Franklin Bache, M. D., and T. D. Mitchell, M. D.; from the Philadelphia College of Pharmacy, Messrs. Wm. Procter, Jr., Edward Parrish, and Alfred B. Taylor; and from the Medical Society of North Carolina, Wm. Geo. Thomas, M. D., Peter E. Hines, M. D., and Edward Warren, M. D.; from the Medical Society of the State of New York, Drs. E. R. Squibb, Howard Townsend, and Caleb Green; from the College of Pharmacy of the City of New York, Messrs. Wm. Hegeman, Alex. Cushman, and John Meakim; from the Faculty of Physic of the University of Maryland, Professors Samuel Chew, Charles Frick, and Wm. E. A. Aikin; from the Maryland College of Pharmacy, Messrs. G. W. Andrews, Israel J. Grahame, and Alpheus P. Sharp; and from the Cincinnati College of Pharmacy, Messrs. E. S. Wayne, W. S. Merrill, and W. J. M. Gordon.

By order of the Convention of 1850.

Geo. B. Wood, *President.*

Philada. Feb. 14, 1860.

Other medical journals will please copy.

Sewerage and Drainage of large Cities.—At a meeting of the Am. Med. Assoc., held at Louisville, Ky., May, 1859, Dr. A. J. Semmes, of New Orleans was appointed Chairman of the Committee on the "*Influence of Sewerage and Drainage of large cities on Public Health.*" Any facts, suggestions, documents, reports, or other matter having relation to this important subject, will, he announces, be thankfully received and duly acknowledged by him.

Officers of the College of Physicians of Philadelphia.—The following were elected officers for 1860 at the meeting on 4th January:—

President.—Dr. Geo. B. Wood.
Vice-President.—Dr. Franklin Bache.
Treasurer.—Dr. John Rodman Paul.
Secretary.—Dr. Edward Hartshorne.
Librarian.—Dr. Thos. Hewson Bache.
Censors.—Drs. G. W. Norris, I. Hays, Jos. Carson, W. S. W. Ruschenberger.

Philadelphia Medical Society.—Instituted A. D. 1789. Incorporated A. D. 1702. At a meeting of this Society held January 30, 1860, the following named were duly elected officers for the current year, viz.:—

President.—Dr. R. La Roche.

Vice-Presidents.—Dr. John Neill, Dr. George W. Norris.

Treasurer.—Dr. John J. Reese.

Corresponding Secretary.—Dr. John B. Biddle.

Recording Secretary.—Dr. A. E. Stocker.

Censor.—Dr. Samuel Lewis.

Orator.—Dr. M. O'Hara.

Librarian.—Dr. J. H. Packard.

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Boston Medical and Surgical Journal.—Drs. W. W. MORLAND and FRANCIS MINOT have retired from the Editorship of this journal. We regret to part with our respected *confreres*, and wish them happiness and success in their future pursuits in life.

Drs. F. E. OLIVER and CALVIN ELLIS succeed to the Editorial chair.

FOREIGN INTELLIGENCE.

The Safeguards of the Eye.—The higher phenomena of physical science are but little studied in their physiological relations. This is probably due to the rare combination of great physical acquirements with anatomical or physiological instruction. When physiology shall have assumed its rightful place amongst the studies of our higher schools and universities, we shall no longer have to complain of the barrenness of mathematical science in the explanation of vital phenomena.

M. Regnault, in an interesting paper, endeavours now to establish the respective part of the chemical rays, and the various elements of the visual apparatus, in the exercise of sight. Every one knows that light includes three varieties of rays—luminous, calorific, and chemical. The latter are especially found in the violet and ultra-violet (non-luminous) parts of the spectrum. Again, certain bodies, such as the sulphate of quinine, uranium, &c., have been shown to possess the property of fixing these rays, and thus becoming *fluorescent.*

These principles of optic science M. Regnault has proceeded to apply to the study of the optical phenomena of the eye, by the aid of some very exquisite experiments. By the help of some beautiful proceedings, he procured ultra-violet chemical rays, and assured himself that the constituent parts of the eye were fluorescent—that is, absorbent of the chemical rays. This property was well marked in the peripheric layers of the crystalline; somewhat less so in the cornea. The retina, also, is slightly fluorescent.

It results from these experiments that we may regard the lenticular apparatus of the eye as a veritable shield to the retina. Giving passage to the luminous rays, which alone are necessary to sight, and retaining the chemical rays, which might injure the retina, they must henceforth be accounted as amongst the tutamina oculi. If the iris and the lashes regulate the quantity, we may regard this apparatus as regulating the quality of the rays which impinge upon the optic nerve.

The retina itself is slightly fluorescent. Probably, then, the retina, like the skin, is served by the absorption of a moderate proportion of these rays, and injured by the excess. So, also, with the crystalline and cornea.

This limited power of fixing the chemical rays is so adapted to external nature, that the rays commonly reflected from the various objects do not contain a greater proportion of those rays than can be controlled by this remarkable provision. But, on the other hand, when gazing at substances which are themselves wholly devoid of fluorescence, as sand and snow, we painfully feel the injurious influence of the excess of chemical rays reflected upon the retina. And if this trying exercise be continued, not only the retina, but the lens and cornea will suffer from the strain. The most severe results have followed such exposure.

An interesting application of these studies of M. Regnault is suggested by the fluorescent property of the glass of uranium, which has a remarkable power of protecting the sight in this respect, since its fluorescent qualities are of the highest. Those who suffer from the reflection of light—from sand, chalk-cliff, glacier, or snow plain—may avail themselves of such a protection. The electric light is peculiarly intolerable by reason of the excess of chemical rays; transmitted through uranium they would be less intolerable, and the invention might be thus, perhaps, more generally utilized. The researches of M. Regnault are at once scientifically interesting and highly suggestive of practical results.—*Lancet*, Jan. 21, 1860.

A New Electric Pile.—A curious combination of elements for a galvanic pile has just been communicated to the Academy of Sciences by M. Marié Davie. It had hitherto been believed that, in order to obtain a regular and powerful current, the substance intended to absorb the hydrogen and to furnish the zinc with the acid which is to dissolve it, must be soluble also. M. Marié Davy shows that this need not be the case, and that is only requisite that the substance in question be a good conductor and reducible at the same time. With this view he selects sulphate and chloride of lead, the former being quite insoluble in water, and the latter nearly so. Sulphate of lead is not much used in manufactures, and yet is produced on a large scale for the preparation of the acetate of alumina, which is used in dyeing. Hence, it may be had cheap. Now, 33 kilogrammes of zinc, costing 25f., will reduce in the pile 144 kilogrammes of sulphate of lead, and thus produce 104 kilogrammes of lead, value 65f. There is, therefore, a difference of 40f., which will nearly cover the cost of the sulphate, so that the expense of this pile would be very inconsiderable. Its electro-motive power is not inferior to that of Daniel's battery. Chloride of lead is dearer than the sulphate, but is preferable in other respects, being a better conductor, and yielding a much stronger current. The arrangement of M. Davy's pile is the primitive one in columns. Every element consists of a tinned iron dish, having a disc of zinc soldered to the bottom outside; the inside is covered with a coating of sulphate of lead of the thickness of several millimetres. When in use each dish is filled with water, its zinc bottom being immersed in the water of the dish immediately below. A column composed of 40 elements thus disposed will form a column of about one metre in height. When the chloride is to be used instead of the sulphate, it should be previously cast into thin laminæ, and then broken into fragments, by which means the cleaning of the pile is easier to effect. A pile of this description is actually in use at the Central Telegraph Office, and has been in operation since the 9th inst.—*Med. Times and Gaz.*, Jan. 14, 1860.

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Amputation of the Thigh in the Hypnotic State.—M. Guérinau, surgeon to the hospital of Poitiers, in France, has just pubished, in the *Gazette des Hôpitaux*, the case of a farm labourer, of thirty-four years of age, who has had his thigh amputated for white swelling of the knee-joint, whilst under the influence of hypnotism. The patient had been ill two years, and experienced such pain in the knee that it could not be touched without exciting cries of distress. So apprehensive was he of pain, that he would not be carried to the operating theatre, but hobbled on crutches until he fainted. This was a case evidently unfit for chloroform, so that hypnotism was tried. A bright spatula was held about four inches from the root of the nose, the patient being recumbent. Strabismus immediately occurred; but when attempts were made to separate his legs, he resisted, and said it hurt him. Five minutes after the beginning of the experiment, one arm of the patient was raised by the surgeon, but it fell down; hence it was plain that catalepsy was not being produced, and the man then observed that it would be difficult to put him to sleep in that manner. Great silence was then enjoined in the room; and, after five more minutes, the patient being still fixed by looking at the spatula, the flap amputation was performed. It lasted one minute and a half, and, to the surprise of all present, not a sign of pain was evinced by the patient, and he made not the slightest movement, though hardly held by the assistants. When asked how he felt, he said he thought he was in Paradise. His eyes remained open the whole time, were somewhat oscillating, and affected with strabismus. About two minutes before the beginning of the operation, a pupil pinched the patient's thigh, asking him whether he felt pain, upon which he answered, "Yes, I feel a little." After the operation, the patient said: "I felt what was done, for, at the time the limb was being amputated, you said to me, 'Do you feel any pain?'" Now it should be noticed that the limb was removed two full minutes *after* this circumstance occurred, so that the man could not have felt any pain at the time of the actual operation. It is, however, not stated how he bore the tying of the arteries and the dressing of the stump.—*Lancet*, Jan. 7, 1860.

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The Physician Astronomer.—At a meeting of the Academy of Sciences in Paris, on December 26th, 1859, M. Leverrier made the following interesting communication: Dr. Lescarbault, a medical man in busy practice at Orgères, in the department of the Eure-et-Loire, is also a zealous astronomer, and a man who supplies by his ingenuity the deficiency of the means which he possesses for prosecuting his favourite science. In March last, M. Lescarbault observed the passage over the sun's disk of a planet within the orbit of Mercury; and he communicated the fact to M. Leverrier, who had noticed certain perturbations in the motion of Mercury, that, in his opinion, could only be explained by the presence of another planet. This was in September last; and thereupon M. Leverrier visited him, together with M. Vallée, and had been enabled to confirm the title of M. Lescarbault to the discovery. The correctness of the results obtained by him was the more remarkable on account of the paucity of his instruments. On arriving at Orgères, M. Leverrier found a regular observatory, with instruments, chiefly contrived by the doctor himself, whose finances were limited. Not having a chronometer, he had made himself a pendulum, striking seconds, by means of an ivory ball and a bit of string. Notwithstanding the clumsiness of his apparatus, the calculations of M. Lescarbault varied less from those of M. Leverrier, than those of the most eminent astronomers sometimes do from each other. For want of paper, Dr. Lescarbault had generally written down his observations with charcoal on a deal board; which, with the doctor's calculations written on it, was presented to the Academy by M. Leverrier.

The Emperor of the French has conferred on Dr. L. the honorary distinction of Commander of the Legion of Honour.

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M. Vriès.—The history of this individual is rather remarkable. His age is fifty-five; a native of Surinam. In 1852, he made his *débût* in London in the capacity of a religious reformer, where he tried to attract public attention by placards announcing a crusade against popery, and to collect funds for the erection of a temple for a new sect of his own creation. Still later, he offered his services to the London Cancer Hospital, where, after some trial, he was declared to be a swindler. In 1854, we find him in Paris pestering the authorities with a new invention of his "to substitute the use of electro-magnetism for that of steam," and a commission was appointed to examine into the nature of his alleged new discovery. His next move was to prison for debt, where he spent seven months. This time was no loss to him or to the world, for he used his leisure hours to mature new plans of *escroquerie.* He met there with a kindred spirit, M. Tennesse, whom he engaged to act as an adjuvant in his future campaign.

He emerged from prison quite new-born, christened Dr. Noir (although he is not black); and his secretary, Tennesse, filled the newspapers with lucubrations about his master's wonderful cures. He addressed letters to the President of the Académie de Médecine, and to Dr. Conneau, the Emperor's physican, representing himself as an "M. D. of the University of Leyden, who had spent the greater part of his life at the tropics, and there made properties of plants his special study, and found the quinquina of cancer, and remedies for all diseases considered as incurable," &c. Dr. Bazin, of the Hôpital Saint Louis, was induced, by such audacious pretensions, to intrust Vriès with some incurable cancer patients in his wards, and the result proving the same as in the London Cancer Hospital, the doors of Saint Louis were shut against him.

In 1856, Dr. Noir resumed his old trade as religious reformer. But this time it was no crusade against the Pope, Cardinal Wiseman, or the Jesuits, but it was the burden of a new Revelation from Heaven, with the commission to build a marble temple at the Champs Elysées as a monument of the kingdom of reconciliation between the whole human race; Vriès himself acting, of course, as the apostle and *treasurer* of the new scheme.

His secretary published two pamphlets on the subject, which are worthy specimens of the man's impudence. All the architects of the country being at the same time requested to compete in forwarding plans for the new temple, one artist was really so credulous as to send in a plan, for which Vriès never paid him.

Passing by a great many interludes of our hero's career—viz., public dinners at the Hôtel de Louvre, and other exhibitions, to attract attention—we arrive at the most important period of 1859, when Professor Velpeau admitted him into the Charité, and gave him seventeen patients to try his skill upon. The result of that experiment is well known. After three months' trial, seven of the patients died. He was dismissed, and Professor Velpeau reported accordingly that "Seven died, and the rest are on the point of death; and the analysis of his drugs proved that he had no secret remedy whatever. Many substances he used are inert, others poisonous," &c. Yet that was no unfortunate circumstance; it was all Vriès wanted. It was generally thought that by admitting him into the Charité, Professor Velpeau misled the public in giving him a standing. This opinion is now confirmed by the fact, established in the course of his trial, that Vriès is no graduate of any university, but a downright swindler in the proper acceptation of the term.

Those who defend such a procedure on the ground of its being calculated to put down rather than to encourage pretensions, seem to forget that the public do not trouble themselves with the details of such questions, but they judge from the outline. To admit persons of that tribe into public institutions to experiment, is to raise them from the degree of street criers and to attach an importance to their name, to the damage of the public and to science.

There is another point of view which we ought not to disregard in the consideration of such questions—namely, Is any surgeon of a hospital justified in handing over unfortunate patients, who confide in him, to the care of such persons as this, without even examining his credentials ?

The judgment passed upon Vriès is very mild indeed. Fifteen months' imprisonment and 500 francs fine are not much for such an extensive system of *escroquerie* of the most dangerous kind. Whilst, therefore, he has no reason to complain, it is to be hoped that his history will convey a moral and salutary lesson to others.—*Lancet*, Jan 21, 1860.

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Vitality of Toads.—M. Victor Legrip, of Chambon, has transmitted to the editor of the *Cosmos* an account of various experiments on this subject. M. Legrip put some toads in chambers hollowed in the earth to the depth of sixteen inches, placing them on a tile, and covering them with a pot. Others were immured between two disks of glass in plaster cells, without access of air; and some were imprisoned in masses of mixed plaster, which touched every part of them. The first were examined monthly, and exhibited no marks of decay till towards the twelfth month, their excretions being retaken as nutriment. They lived thus, on an average, for twenty-three months. The second lot, examined through the glass, presented the following phenomena: Abundant excretions of the debris of insects and larvæ; torpor while in darkness; sparkling of the eye at the approach of light; powerful efforts to escape; progressive emaciation till death, which took place generally after fifty-six days. Among the third class some toads were living after twenty-eight months of absolute sepulture. These facts prove that the toad can live a long time without aliment or aëration; he lived longer in the chambers where his movements were unimpeded, than in the cells where he could hardly change his position; but his life was very much longer when he was completely embedded in the plaster. Not being able to move, he lost nothing; and thus it will be easily comprehended that alimentation was much less necessary, and that his life, as if suspended, might continue for an indefinite period. M. Legrip states that toads are not only inoffensive, but exceedingly useful in gardens, and that he is not at all surprised at the increasing commerce in these animals, who live exclusively on worms, caterpillars, and insects, great and small, and are thus the protectors of a host of useful and ornamental plants. Market gardeners will find them invaluable.—*Med. Times and Gaz.*, Oct. 1, 1859.

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Preparations of Castor-oil Leaves.—Dr. Routh exhibited to the Medical Society of London (Dec. 12, 1859) three preparations of castor-oil leaves, a *tincture* and *liquor* (dose of each one drachm), and an *extract* (dose, five grains). The leaves were obtained from Australia, and the drugs prepared by Mr. Greenish, of London. The Society would remember, that Dr. Routh had read a paper on the subject of the lactagogue effects of this plant, the leaves of which, applied to the breasts as poultices, and as fomentations to the vulva, for three days at intervals, were used, at Bonavista, to induce milk in the breasts of women within catamenial ages, but particularly in those women who had borne children. The milk once produced could be perpetuated by the simple irritation effected at the nipple by the suction of a child. These facts, related by Dr. M'William, had been confirmed in part by Dr. Tyler Smith. Dr. Routh has published his experience on the subject also in a series of papers. To lying-in women with a deficiency of milk, Dr. Routh had given the infusion, in combination with conger-eel soup, and the effect, in determining a copious flow of milk, had been remarkable. He had administered the extract to unmarried women within catamenial ages, and the effect had been to produce intense pain in the breasts; but as he could not find anybody in that case who would try the effects on a child, he had not yet induced milk in the breasts of such. After three or four days, the symptoms were relieved by a copious leucorrhœa. As it was possible that a larger experience of this remedy might enable us to convert some married women within catamenial ages into wet nurses, and as it undoubtedly acted as a powerful lactagogue in suckling women, he was desirous that others also should experiment on the subject, and therefore to direct them where it could be procured.—*Lancet*, Dec. 24, 1859.

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New Operation for removal of Naso-pharyngeal Polypus.—Prof. LANGENBECK, of Berlin, describes (*Deutsche Klinik*, No. 48, 1859; *Gazette Hebd.*, Jan. 27th) a new operation in these cases, which consists in resecting the nasal bones and the orbitar process of the superior maxillary bone, leaving a bridge of periosteum by which the bones remain adherent to the neighbouring parts, and which permits them to reunite after the polypus has been removed and the bones replaced. Prof. Langenbeck has performed this operation with perfect success. The union appeared to be complete at the end of fifteen days, and left neither swelling nor tenderness.—*Lancet*, Feb. 4, 1860.

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Vaccination in Scotland.—At a meeting of the Medico-Chirurgical Society of Edinburgh, on the 18th inst., a paper was read on the subject of smallpox and vaccination by Dr. Alexander Wood, and a lengthened discussion ensued, in which Professor Simpson and other leading members of the medical profession in the city took part. All the speakers agreed in expressing unabated confidence in the efficacy of vaccination, if properly and universally performed, in diminishing the frequency of epidemics of smallpox, and in immensely abating their severity and reducing their mortality. —*Med. Times and Gaz.*, Jan. 28, 1860.

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Arsenical poisoning by Paper-hangings. —Three children near Tipton have suffered from the arsenical emanations from a green bedroom paper in a newly-papered house. The symptoms were emaciation, pining, general restlessness (worse at night, and twitching of the facial muscles. Dr. Ballenden, observing these symptoms, concluded that they were suffering from the effects of gradual poisoning; and, on being removed into another room, the children recovered.—*Lancet*, Feb. 4, 1860.

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Professors of Medicine at the German Universities.—It is customary in these universities to offer the principal medical chairs to such men as have rendered themselves celebrated either by their works or teaching; and at the same time to insure their services by rendering the charge advantageous to their possessor. In this way was the well-known Virchow, formerly at Würzburg, appointed some time since professor at Berlin; and so has, quite lately, M. Lebert been given the chair of clinical medicine at Breslau, hitherto occupied by Frerichs. M. Lebert, whose reputation is world-wide as a profound pathologist, has laid the foundation of his fame in Paris and Zurich.

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Leprosy in Cape Coast.—It is stated that leprosy is exceedingly prevalent in the town of Cape Coast, and is spreading rapidly, so as to cause great alarm among the community.

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OBITUARY RECORD.—Died, in London, Jan. 30th, 1860, of hæmatemesis, aged 51, ROBERT BENTLY TODD, M. D., late Physician to King's College Hospital, and well known in this country by his various valuable contributions to medical science.

—— suddenly, 1st of Feb. 1860, of gout, T. ALEXANDER, Esq., Director-general of the medical department of the British army.

—— on the 15th of Jan., 1860, of disease of the bladder, JOSEPH AYRE, M. D., of Hull, in the 70th year of his age. Dr. Ayre was well known by his works on "The Disorders of the Liver," on Dropsy, and particularly by his various publications on the treatment of Asiatic Cholera.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Epithelial Cancer of the Pharynx; Threatened Death by Starvation; Gastrotomy; Death.—The patient, aged 44, came under Mr. Sydney Jones's observation about twelve months ago, when he was called in by the late Dr. Griffith, to open her trachea. She was a married woman, had borne two children, the last about thirteen years ago; since that time, however, had had several miscarriages. During the last fourteen years she had been delicate; had been twice under treatment for ulcerated os uteri; had suffered from occasional attacks of constipation, and frequently from colds and coughs. In July, 1858, she first began to complain of soreness in the throat, with slight cough and hoarseness. In spite of all treatment, this soreness increased, rendering the deglutition of solids, and even of fluids, extremely painful. The breathing also became more and more difficult, necessitating the operation of tracheotomy on the evening of February 10, 1859. A double tube was then introduced into the trachea, and from this time until her death—more than five months afterwards—her breathing was quite free, and effected entirely through the tube.

The pain and difficulty of swallowing, however, continued to increase after the operation of tracheotomy. Mucus, mixed occasionally with blood and pus, was constantly collecting about the fauces. In May, it was found impossible to pass a No. 12 elastic catheter down the œsophagus. About the beginning of June it was evident that no food passed into the stomach. Spoonfuls of fluid taken by the mouth were retained for about a couple of minutes in the pharynx, and then regurgitated. During the last five or six weeks before gastrotomy was had recourse to, all nourishment taken into the

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system was by means of enemata of milk, beef-tea, arrowroot, and brandy. All attempts (general or specific) to arrest the disease had failed. The patient was evidently sinking from starvation; her pulse was small, weak, and rapid; she complained severely of hunger and thirst, and asked if nothing could be done to relieve these symptoms. On July 13, Mr. Sydney Jones proposed to her the operation of gastrotomy, at the same time pointing out the severity of the operation, and the serious results that might ensue. She at once consented. Dr. Bristowe had kindly examined the thorax and abdomen, and was unable to detect any visceral disease. On Thursday, July 14, the stomach was opened, Mr. Simon and Dr. Bristowe being present, and kindly aiding with their valuable suggestions. An incision, about three inches and a half in length, was carried downwards, from between the eighth and ninth costal cartilages on the left side, along the outer border of the rectus. The latter being turned somewhat inwards, the conjoined tendon of the internal oblique and transversalis was divided. The peritoneal cavity was afterwards opened. Some little difficulty was at first experienced in securing the cardiac end of the stomach, in consequence, as was found after death, of the viscus being drawn downwards, and more to the left side than usual, by some omental adhesions. The stomach having been drawn forwards, was opened by a vertical incision, about three-quarters of an inch in length; the edges of the stomach wound were then firmly secured to the edges of the skin wound by five or six strong double silk ligatures. About four ounces of blood were lost during the operation. A tube, with a funnel fitted at the upper end, was placed in the stomach, and kept there till the patient's death. The tube was also curved, so as to allow the greater part of its length to rest against the posterior wall of the viscus. No irritation seemed to be produced by the permanent keeping-in of this tube. The operation was commenced about a quarter to three P. M.; at half past three P. M., a short time after its completion, an ounce of milk was introduced into the stomach, mixed with half an ounce of brandy. This was repeated at five P. M., with thirty drops of laudanum. She was tolerably cheerful, and expressed herself relieved from her feelings of hunger and thirst. A fomentation of chamomile was applied to the abdomen, and ordered to be continued. At ten P. M., the laudanum was repeated. At eleven P. M. an injection was given, by the rectum, of brandy, arrowroot, and beef tea. The patient passed a tolerably comfortable night, although she did not sleep soundly. Up to twelve o'clock milk was introduced every hour, in small quantity, either alone or combined with stimulant. After that hour, however, the patient inclining to doze, and a feeling of sickness, with a tendency to retch, being produced by the introduction of food, the latter was given only every two hours. Friday, July 15, nine A. M.—The pulse was very feeble; the surface was warm, but clammy. She complained of some pain in the neighbourhood of the wound, but there was no tenderness of the abdomen generally. Food was ordered to be introduced every hour. Its introduction produced a little retching, but no food escaped by the wound. An injection given at eleven A. M. In the evening of Friday she was evidently sinking rapidly. The hands, feet, and legs were cold, and the pulse hardly perceptible. She remained sensible till a quarter past twelve on Saturday, the 16th. Death about three A. M., thirty-six hours after the operation. The aperture in the stomach was about midway between the cardiac and pyloric ends, and the same distance between the upper and lower margins. The stomach, in the immediate neighbourhood of the wound, was adherent by recent lymph to the abdominal parietes. Elsewhere, however, no peritonitis existed. The larynx showed cancerous ulceration, extending from the epiglottis to the cricoid cartilage. The thoracic and abdominal viscera were healthy.—*Med. Times and Gaz.*, Feb. 4, 1860.

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Castration for the Prevention of Insanity.—T. P., aged 50, residing in Walworth, was admitted as a patient at the Surrey Dispensary on November 10, 1859, under the care of Dr. Aldis, who visited him at home on the same day, and made the following remarks:—

The patient is lying in bed, and complains of great depression of spirits, being afraid of losing his senses. He suffers from great pain after every motion, when he feels as if "he could pull out his intestines." He is evidently of a very nervous temperament, has a fair complexion, and is subject to fainting. The voice is weak and has always been so, but is not changed in character.

His brother-in-law, with whom he resides, had previously said, when he brought the letter to the Dispensary, that some questions might be asked regarding an operation which had been performed by Mr. D——, of ——,[1] in 1853, and to which his relative was ashamed to allude.

This suggestion having been acted upon, the patient admitted that his testicles had been removed by Mr. D——, in July of the above year. That the operation was performed in consequence of the dread he felt of becoming insane, as his brother and uncle lost their senses, and the latter committed suicide. That the wife, whom Dr. Aldis formerly attended for phthisis, had been a consenting party to this mode of treatment. His wife had borne him six children, two of whom were living; one, a young man, aged 21, the other, a young woman, aged 23. He has derived no benefit from the operation.

These circumstances rendered an examination necessary; when it became clear that the testes were gone, and a cicatrix was observed extending upwards at an acute angle from the raphe on the scrotum.

He denied at first having experienced any sexual symptoms during his illness before the operation, but afterwards confessed that he committed self-indulgence whenever his wife was confined. He gave Mr. D. a testimonial, who wished for one, as to the safety of the operation, and said that the latter had performed it twice before! and a fourth person afterwards consulted the patient with a view of undergoing similar treatment.

The surgeon had removed to Glasgow, which place, it was believed, he had left for America. The author wrote to the village where the surgeon formerly resided, and could not hear of such a person living there now; but his name is in the Medical Directory of 1859, with an asterisk. The patient's brother-in-law and sister bear testimony to most of the particulars already mentioned; and further say, that he was a national schoolmaster, and left his last appointment without taking the salary, and came up to London unexpectedly, being unable to give a proper account of himself, when first found at the house of a relative. They are also positive as to the name of the surgeon and the nature of the operation which he has undergone. Mr. Sydney Jones accompanied the author on January 27 to see and examine the patient.

It was thought that the publication of this case might be interesting in consequence of castration having been recently tried for epilepsy in this country, where the author had never heard of its being performed before then, excepting in cases of such severe disease of the organs as to render it justifiable; and he ventures to hope that it may never be practised in future when the testicles are healthy, for the prevention of insanity or any other disease.—*Med. Times and Gaz.*, Feb. 4, 1860.

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Hydatids of the Liver, making their way out along the Hepatic Duct into the Alimentary Canal.—A rather unusual case of hydatid disease of the liver, which ended fatally, was very recently under Dr. Barlow's care at Guy's Hospital. The patient was a man who was admitted with symptoms of hepatic disease and local peritonitis; he had had jaundice a month before his admission, which passed off. He survived but a short time; and, on making a post-mortem examination, a large hydatid cyst was discovered at the upper part of the liver, which had burst into the hepatic duct, its contents passing thence to the common bile duct and into the duodenum. Had circumstances been otherwise favourable, a recovery might have ensued, as this was an effort of nature to get rid of a visceral parasitic invasion. Dr. Wilks stated that he had met with one similar case, where the hydatid membranes passed into the alimentary canal, some of them coming away by stool, whilst others were ejected from the stomach during the act of vomiting. This termination of hepatic hydatids is by no means a common one. Sometimes they burst into the peritoneum, or into the chest. But in the human subject, although they are occasionally diagnosed during life, we have seldom any evidence to depend upon beyond symptoms of chronic hepatitis. The enlargement, however, has been known to simulate ascites, and tapping has been performed to afford relief. In Dr. Barlow's patient the true nature of the disease was not diagnosed, because he had not been sufficiently long under observation.—*Lancet*, Feb. 25, 1860.

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[1] The names of the surgeon, and the village where he resided, and the patient who was operated upon, are inclosed for the sake of authenticity.

LECTURE.

Clinical Lecture on a Case of Acute Sthenic Pneumonia left without Treatment, with Observations on the Temperature of the Body, and on the Urinary Excretion. Delivered at University College Hospital. By E. A. Parkes, M. D., Professor of Clinical Medicine.

Gentlemen: The case of acute pneumonia which I bring to your notice has favourably run its course without further treatment than the application of a few leeches. You must not, however, conclude from this that all cases of pneumonia should be left untreated. On the contrary, I am firmly persuaded that we have it in our power materially to modify the course and shorten the duration of pneumonia by the judicious employment of bloodletting, leeching, tartar emetic, certain salines, and opium. But as it is extremely important that you should know what is the natural and unmodified course of a disease, and as this appeared to be a favourable opportunity, I thought I could conscientiously leave the patient to the unassisted processes of nature.

Before commencing the case, let me remind you that in persons under thirty-five, and who do not suffer from any organic affection of the heart, liver, or kidneys, the acute sthenic pneumonia has, in the great majority of instances, a definite course. After some days of very slight initiatory malaise, severe febrile symptoms commence suddenly, and attain in a few hours a great intensity. And almost as sudden an improvement occurs about the fifth day in slight cases, about the ninth or tenth day in severe. The fever then either greatly lessens or ends, and all we have remaining is the local mischief which has taken place in the lungs, and which time more or less rapidly removes. This course, however, is, as already suggested, materially altered by the presence of other affections, especially of the kidneys and heart, and by the effects of the secondary contamination of the blood which results in the latter stages from the absorption of the lung exudation, and which can give rise to inflammation of the other lung, to pleurisy, pericarditis, and coagulation of blood in the heart or vessels. But making every allowance for these modifying agencies, we cannot refuse to allow that the symptoms in a majority of cases are evolved in a regular and consecutive manner.

In considering our case, we will divide the symptoms under three heads.

1. The course of the pyrexia, as measured especially by the thermometer and the pulse.

2. The course of the local lung symptoms.

3. The condition of other organs.

The patient, G. D., aged 22, is a well-built man, weighing when in health about ten stone, and measuring five feet four and a half inches in height. In habits, temperate; in occupation (cab-driver), much exposed to cold and wet. He has twice had rheumatic fever (eleven and two years ago), and his heart, in one or other attacks, has been slightly damaged, for he has slight aortic obstruction and mitral regurgitant disease, without at present any marked alteration in the size of the heart's cavities. Owing, perhaps, to his exposed occupation, perhaps to some slight reflux of blood from the slightly incompetent mitral valve producing lung congestion, and perhaps ectasis of the pulmonary vessels, he has been subject for six years to slight winter bronchitis, but at present he has no, or only slight, emphysema.

From his previous history, therefore, you will see that he has a strong rheumatic tendency, that his lungs have been somewhat damaged, and that these two unfavourable conditions are always liable to be called into action on account of his exposed mode of life.

For some days previous to Wednesday, January 4, he had had slight malaise, a little cough, and pain in the left side. At 4 P. M. on the day mentioned he shivered, had headache, and increase of cough. Next day he was so ill as to be confined to bed, and his expectoration was viscid and bloody. He was admitted in the evening of January 6. He does not attribute his illness to any special exposure. Counting the commencement of the disease from the shivering, and omitting the previous malaise, he was, when admitted, in the third day of the disease, the third day being completed at 4 P. M. on January 7. He was intensely febrile, with flushed cheeks; constant cough; viscid, bloody, pneumonic expectoration; hurried breathing, with crepitation and bronchial respiration over the posterior base of the left lung. The conjunctivæ were a little yellow.

1. *The Course of the Pyrexia.*—Owing

to the care of Mr. Ringer and Mr. Miller, thermometrical observations in the axilla were taken hourly during the day, from nine in the morning till eleven and twelve at night. The annexed table gives the general results. I have placed the pulse and respirations with the temperature, for the purpose of comparison.

During the third and fourth days of the disease the temperature was uniformly high, the difference between the maximum and minimum being only 1.6° on the third, and 0 6° on the fourth day. The fourth day was the most febrile, both as to mean temperature and as to constancy of height. The fifth day was scarcely less febrile. The mean temperature was 0.2 below the fourth day, but the minimum was above the minimum of the fourth day. Towards the end of the fifth day, however, and during the commencement of the sixth day (from 4 to 12 P. M., January 9), the thermometer decidedly slightly fell; then during the night of January 9 (early part of the sixth day of the disease) it made a great descent to 101°, and after this time never rose above 101.4°. During the whole of the after part of the sixth day, and the first part of the seventh, the temperature continued to fall, and at 11 A. M. on January 11 (the nineteenth hour of the seventh day of the disease) it reached 98°. In thirty-six hours it had fallen from 103.2 to 98, or no less than five degrees. Afterwards it oscillated for two days between 98° and 98.8°, but never rose above this latter point. The fever in fact had ended. This sudden end of pyrexia, this rapid "defervescence"—to use Wunderlich's useful phrase—is what the old physicians termed "the end by crisis," and it is sometimes accompanied by strong action of some eliminating organ—either the skin, the kidneys, or the bowels. In our case there was both profuse sweating and considerable urinary excretion, but whether more at the period of rapid fall than before is uncertain. The pulse ranged from 120 to 100 during the first three days, and then fell to 90, 80, and 70. On comparing carefully the hourly variations of the pulse and temperature, it is quite clear that there is a connection between them, so that either simultaneously, or often a little before or after, a fall or rise in the thermometer occurred with a fall or rise in the number of the pulse. Not infrequently the alteration in the pulse occurred before the change in the thermometer. Still, there are several exceptions, and sometimes the pulse rose (though never greatly) when the temperature was falling. From an analysis of cases of typhoid fever, I have been led to believe that no relation exists between the numbers of the pulse and the heat of the body, but certainly in this instance the facts seem to indicate otherwise. When the thermometer oscillated and finally fell, the pulse fell at the same time and very uniformly. The respirations averaged 38 in the first four days, and 35 afterwards. They did not fall nearly so much as the temperature and the pulse, and in this case at least were not

Table of the Temperature, Pulse, and Respirations.

From Hourly Observations during the Day. Mean number of Daily Observations, 14.

DATE.	DAY OF DISEASE. The disease commenced at 4 P. M.	TEMPERATURE IN AXILLA. Hourly observations during the day.					PULSE. Hourly observations during the day.					Respirations hourly observed. Mean number.
		Mean.	Max.	Min.	Hours of max.	Hours of min.	Mean.	Max.	Min.	Hours of max.	Hours of min.	
Jan. 7	Part of 3d and part of 4th days	103.6° F.	104.2° F.	102.6° F.	7 P. M.	9 A. M.	108	120	100	1 A. M.	2, 5, 10, and 11 P. M.	36
" 8	Part of 4th and 5th d'ys	103.9	104.2	103.6	5, 7, and 8 P. M.	11 A. M.	107	116	98	7 P. M.	11 A M.	36
" 9	Part of 5th and 6th d'ys	103.4	104.2	103.0	1 P. M.	8 and 10 P. M.	106	112	100	4 and 6 P. M.	10 and 12 P.M.	43
" 10	Part of 6th and 7th d'ys	100.6	101.4	99.4	9 A. M., 1 P. M.	11 P. M.	93	112	82	5 P. M.	10 P.M.	38
" 11	Part of 7th and 8th d'ys	98.6	99.0	98.0	3, 5, and 6 P. M.	11 A. M.	86	84	72	2 P. M.	4 P. M.	30
" 12	Part of 8th and 9th d'ys	98.5	98.8	98.4	1 P. M.	10 A.M., 2 and 4 P. M.	76	84	70	1 P. M.	9 A. M	31

nearly so good an indication of the course of the pyrexia. As the mean of the thermometer was not above 104. as the mean of the pulse was not 120, and the mean of the respiration was not 40, this case must be considered a slight one, for the rule laid down by Wunderlich is very useful—viz., to judge of the intensity of the disease by these symptoms, to call all cases slight that fall below them, and all severe in which the thermometer averages more than 104° during the height of the disease, the pulse more than 120, and the respiration more than 40.

2. *The Local Symptoms.*—When the patient was admitted there was considerable crepitation, and some bronchial respiration in the lower lobe of the left lung. The hepatization increased, and was considerable on the fifth and sixth days. Possibly it even increased after this time, but of this I am not certain. At any rate, its greatest amount was either at the period of the "defervescence"—that is, of the rapid fall in temperature—or was subsequent to this. The number of respirations, as already said, was even greater after the temperature and pulse had commenced to fall than before, so that they appeared to run parallel rather with the amount of the hepatization than with the general fever. The sputa were most bloody during the third and fourth days of the disease; were less florid, and more rusty, on the fifth and sixth; then became less viscid and free from blood or hæmatine. The pain in the side disappeared on the fourth or fifth day. After the seventh or eighth day the bronchial respiration began to lessen, and had ceased by about the twelfth to the sixteenth day. On this point I am not quite sure. Harsh respiration, some redux crepitation, and a little sonorous *râle*, were left for some days more.

3. *The Condition of other Organs.*—The heart has already been noticed. There was supplementary breathing in the right lung, and about the angle of the right scapula was some slight suspicious bronchial respiration, as if there were some consolidation there. This, however, disappeared early. The liver was not enlarged or tender, but the conjunctivæ were very slightly yellow. This yellowness disappeared at convalescence. The condition of the spleen and pancreas

TABLE.[1]

Date.	Day of disease.	Condition of patient.	Amount of urine in cubic cents. in 24 hours.	Urine in grammes in 24 hours.	Chloride of sodium in 24 hours, in grammes.	1 kilogramme of body weight excreted in 24 hours, of urea in grammes.
Jan. 10	Part of 6th and 7th d'ys	1st day of defervescence, temp. 100.6° F.	980	85.56 (=1321 grs.)	....	1.345
" 11	Part of 7th and 8th	Temp. 98 6° F.; complete defervescence	..	....	....	....
" 12	Part of 8th and 9th	Complete defervescence; absorption of exudation	865	87.38[2] (=1349 grs.)	....	1.373
" 13	Part of 9th and 10th	Do. do.	865	87.38 (=1349 grs.)	....	1.373
" 14	Part of 10th and 11th	Do. do.	..	....	Some am't unknown; 0.040 grm. in 10 c. c.	....
" 17	Part of 13th and 14th	Complete convalescence; exudation gone.	1300	35.10 (=542 grs.)	5.20 (=80 grs.)	0.551
" 24	Part of 20th and 21st	Do. do.	1287	30.20 (=466 grs.)	17.18 (=265 grs.)	0.474
" 25	Part of 21st and 22d	Do. do.	1760	44.00 (=679 grs.)	21.95 (=339 grs.)	0.691
" 27	Part of 23d and 24th	Do. do.	1910	40.10 (=619 grs.)	14.32 (=221 grs.)	0.630
Mean excretion of urea by 1 kilogramme of body weight on the 7th, 9th, and 10th days, during resolution						1.363
Do. do. during the 14th, 21st, 22d, and 24th days; complete convalescence						0.586
Mean physiological excretion in men aged 22						0.500

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[1] The urea and chloride of sodium were determined according to the method of Liebig, by my excellent clinical clerk, Mr. Smith. The chloride of sodium was not got rid of before testing for urea, but the usual correction was made. The amounts are given both in grammes and grains.

[2] The urine of two days added together, and the total halved.

was unknown. There was thirst, loss of appetite, and dry furred tongue. The action of the eliminating organs was as follows: *a*. The skin acted profusely throughout, both before and at the period of defervescence. *b*. The bowels were rather confined; the motions said to be natural. *c*. The amount of excretion from the lungs was undetermined. *d*. The excretion from the kidneys was not determined till January 9—viz., part of the fifth and sixth days of the disease; the last day of the intense pyrexia. On this day there was a little albumen (one-sixth of the height of the urine in a test-tube). There were no chlorides. On the following day the albumen had disappeared.

The other urinary ingredients were not determined, but there were copious deposits of lithates on January 9, 10, 11, 12, 13; and probably after this date, but no note was made.

On January 11 eight grammes of chloride of sodium were given by the mouth. On the 12th and 13th, as on previous days, there was no chlorine in the urine; on the 14th (eleventh day of disease) the chlorine began to reappear, was in some quantity on the 17th (fourteenth day of disease), and was abundant (seventeen and twenty-two grammes) on the twenty-first and twenty-second days of disease.

We have no means of saying what was the amount of ureal excretion in the early days of the pyrexia. The urine was then albuminous, and the kidney-tubes may have been blocked, so that the enormous amount of urea poured out during defervescence may have been partly caused by previous retention, as well as by the remains of the pyrexia and the metamorphosis of the absorbed exudation.

From the observations of several competent persons it seems clear that usually the urea is greater in amount before than after resolution. If so, the urea at that time probably depends more upon heightened metamorphosis in the body generally than upon the chemical changes in the lungs.

The chloride of sodium was completely absent for a long time. This fact, noticed especially by Redenbacher and Beale, seems in pneumonia to be intimately, though not solely, connected with the exudation which is rich in chlorides. Even when the chloride of sodium was given as an experiment it did not pass off rapidly, as in health, but was retained for more than forty-eight hours. The albumen was absent at and after defervescence. The albuminuria, therefore, accompanied the height of the disease, and not the period of resolution.

The urates were throughout abundant. We did not determine the exact amount of uric acid, but we may conclude, from the almost constant condition of this ingredient in other cases, that it was in large excess.

Now, in considering these facts, the only point which time will allow me to discuss here is this: What causes this spontaneous cure—this determinate duration?

First of all, let us follow this question by another: What is the exact connection between the lung symptoms and the general pyrexia? The course of the two is certainly not exactly parallel. The complete consolidation seems to be posterior, in point of time, to the height of the pyrexia. It has even been supposed by Wunderlich that the exudation into the lungs coincides with the end of the pyrexia—that is to say, that the defervescence commences when the lungs become completely hepatized. I have not been able to satisfy myself rigorously on this point. If it could be satisfactorily made out, it would certainly imply that the exudation into the air-cells relieved or cured the fever; in other words, that the lung-disease is not a primary, but a secondary, condition, and that it succeeds to and brings to an end, by purifying the blood, a condition of general pyrexia, arising from blood-disease. Without believing that this relation is quite determined (if it were determined the case would be settled), there is no doubt that the fever ends spontaneously, or very greatly lessens, at the time when the inflammation of the lung is still very great.

There are at present two views, more or less clearly defined, which aim at explaining these phenomena, and which may be thus expressed:—

1. According to the first of these, there is a blood-disease of some sort, of a nature not thoroughly known, but which consists in part in an augmentation of the fibrin, as in acute rheumatism. Increasing up to a certain point, and giving rise to the slight malaise which precedes all cases of pneumonia, it is at last brought to a head by some exposure, by a dietetic error, or by reaching a point at which the functions of the blood are seriously interfered with. Then ensues high general fever from implication of the nervous

system, and at the same time some organ or other is, on account of special affinity for the morbid blood, or from previous damage to its structure, specially irritated. In pneumonia the lung is the seat of election, and there is rapid hyperæmia and transudation of fluid into the air-cells. By this transudation the morbid blood is purified. The process is analogous to that of gout, in which a diseased blood gives rise to a local disease by the deposition of urate of soda in and about joints. When the localization and consequent purification is finished, then the fever ends. There remains the lung-exudation, which gradually softens down, is partly expectorated, partly absorbed, and, in the process of absorption, may produce again secondary contamination of the blood, and certain affections of other organs, which constitute those secondary affections which sometimes complicate the after course of pneumonia.

The weak points in this hypothesis are the want of definite indication of the blood-disease, and of its mode of production. There is some evidence on these points, but it is certainly not very great.

Its strong points are the explanation it gives of the previous malaise, of the sudden outburst of fever when the diseased blood implicates at last the nervous system, of the singular and rapid termination of the pyrexia at a time when the lung-disease is intense, and of the enormous elimination of urea during the very first days before the lung-exudation has softened down.

2. The second hypothesis is the exact contrary of the former. The lung-affection is supposed to be the primary lesion; it is a local inflammation produced by the (still obscure) causes of local inflammation, running the ordinary course of such inflammations, and giving rise to violent symptomatic pyrexia. The undoubted increase of fibrin in the blood is supposed to be not primary, but secondary, to be caused by and to augment with the inflammation, and to be at its height with it. Virchow has stated that this fibrin is nothing more than the albuminous substance absorbed by the lymphatics of the inflamed and hepatized lung, and poured into the blood. The fever is believed to be entirely symptomatic of the local disease, and to be commensurate with its intensity and extent. The arguments for this view seem to be that the lung-symptoms are remarkably early in manifestation, though they may be very intense. Pain in the side, and cough, are very soon present, and sometimes occur even before the shivering and headache. The pyrexia, although great in the early days, is perhaps not greater than might have been produced by the condition of the lung; and as to the termination of the fever, this may be supposed to occur because the really true febrile stage of pneumonia is not the period of complete exudation, but the preceding period of intense hyperæmia. To say that the pyrexia is gone when the lung-disease is most intense may be an incorrect expression of the fact; the consolidation may possibly, indeed, be most intense, but this may be merely the natural termination of that enormous hyperæmia and blockage of vessels from local changes of nutrition, which is in reality the essential disease.

The difference between these two hypotheses would be this: the fever ends spontaneously, first, because the blood is purified, or secondly, because the local disease ends spontaneously—*i.e.* the active febrile making local disease. This last assumption, however, is decidedly a very bold and hazardous one.

Between these two views it is not very easy, nor perhaps is it desirable yet, to choose, for the blood has not yet been sufficiently examined. The only blood-disease which has yet been indicated by the supporters of the first view, as anterior to pneumonia, is hyperinosis (excess of fibrin); and as hyperinosis occurs in acute rheumatism without pneumonia, it is evident that there must be other cause, either in the blood or in the local structure of the lung, which locates the disease in that part.

That hyperinosis is really anterior in pneumonia as in rheumatism must, in spite of the opinion of Virchow,[1] be considered likely from the experiments, among others, of Professor Naumann, of Bonn,[2] that it is not the only condition in either of these cases will be generally admitted. But what other blood-affection is there? None has yet been indicated, to my knowledge, in the acute sthenic pneumonia of young persons without gouty or renal disease. But there is one point on which I have been trying to collect evidence for some years, but at present without sufficient success. It is well known how frequently the liver is affected in pneumonia, so that some amount of jaundice is not at all uncommon, and sometimes bile-pigment appears in the pneumonic sputa. I have also found in some cases evidence of liver-affection for some time before the lung-disease, especially the so-called torpor with deficient biliary flow.

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[1] I do not intend to deny that the lymphatics and bloodvessels, too, take up from an inflamed lung, as from any inflamed part, albuminoid substances which flow into the blood, but merely that this is not sufficient to explain all the facts at present known about hyperinosis.

[2] Ergebnisse und Studien aus der Med. Klinik zu Bonn, von Dr. M. E. Naumann. Leipzig, 1858, p. 59 et seq. I refer only to Naumann's experiments, and not to his singular views on the production of hyperinosis.

Is there, then, any condition of the liver which adds something to the blood which ought not to be there? Taurin has been found in the healthy tissue of the lung, but in the hepatized lung it seems, from Verdeil's observations on his pneumic acid (taurin), to be in excess. Is it some compound of this sort which, in combination with the hyperinosis, determines the localization of the blood disease, or produces by its irritation the inflammation of the lung? I know no facts whatever which can lead to a decision; but it is to be hoped that some competent person will soon undertake a more complete analysis of blood in the very first days of pneumonia than has yet been made.

But whatever be the facts as to the order of things in pneumonia—whether the lung-affection is a mere localization of the blood-disease, or whether the undoubted blood-disease of the developed stage is merely produced by absorption from the inflamed lung—it is certain that the usual course of pneumonia is such as we witnessed in this untreated case—viz: 1. There is an early period of intense fever, ceasing, if no complication be present, of itself, at a tolerably determinate time; 2. There is a later period of lung-hepatization, which softens down during a period of moderate fever, and is expectorated or absorbed. There are therefore two periods in pneumonia, and both have their dangers. The intense early fever may kill by its intensity; the exudation may kill, subsequently, by apnœa, or may contaminate the blood during softening to such an extent as to lead to renewal or increase of the fever and inflammation of other parts; or to coagulation of the blood in the heart or great vessels. Each period has its own dangers, and must have its own treatment. To this point I hope to direct your attention on another occasion.—*Med. Times and Gaz.*, Feb. 25, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Davenport and Rock Island Pathological Society.—The Davenport and Rock Island Pathological Society met in the council chamber, Davenport, on Tuesday, the 28th of Feb'y. Present: Doctors Gregg, Fountain, Witherwax, Maxwell, Tomson, Baker, Parry, Adler, Saunders, and Plummer.

Minutes of last meeting having been read and approved, Dr. **Plummer** presented the name of Mr. **Chas. E. Clacius** for honorary membership, it being desirable to hold him in this relation in the Society on account of his qualifications as an analytical chemist. Mr. C. was unanimously elected.

Dr. **Fountain** presented to the Society a fine specimen of fatty degeneration of the placenta with the following brief history of the case:—

"Mrs. M. was attended by Dr. Adler and myself in premature confinement on the 1st of July, 1858. The placenta was adherent, and was removed with great difficulty. So firmly did it adhere, that it had to be torn away bit by bit in small fragments.

"December 5th, 1859, I was again called upon to attend her at full term. The fœtus was dead, atrophied, and putrid. The placenta which I here exhibit, I found to be a mass of fatty deposit, and is a remarkable and rare case of *fatty placenta.* Evidently the fatty deposit was so great as to eventually arrest the placental circulation, and result in death to the fœtus."

Jones and Sieveking's remarks on fatty placenta were read by Dr. Fountain, and the question asked, If the placental inflammation which in the former case produced such remarkably firm adhesions, had not probably left the walls of the uterus in a morbid condition, which subsequently gave rise to the peculiarities in this specimen?

Doctor **Gregg** reported a case of *vesico-vaginal* fistula recently operated upon by himself and Dr. Adler. By diagrams he had prepared for the purpose, he explained to the Society the condition of the parts when first seen by him, and the different stages of treatment.

As a full history of the case will be published, I will only anticipate it by saying that the fistula (or, more correctly, fissure) commenced at the attachment of the vagina to the cervix uteri, and extended down to within an inch of the meatus urinarius, making an opening through the walls of the vagina and bladder of about four inches in length. The divided edges of both vagina and bladder had sloughed, the former to such an extent as to leave but little more than half its original surface to perfect an operation upon. As the Doctor remarked, "it was a *forlorn hope*," but after some deliberation they determined to try. The result is perfect union, except one small opening, so high that the patient is able to retain the urine for two hours without inconvenience, and this they will remedy by another operation. All the circumstances taken in connection with this case, and it is one of the most important and successful operations on record.

Dr. TOMSON presented a specimen of extensive ulceration of the entire intestinal canal, the history of which was such as to elicit general discussion.

The writer presented a specimen of ossification of the semilunar valves of the aorta, in which the process of ossific deposit had completely changed the form of the valves, and left only a central opening of about one-third of an inch in diameter, and this opening could only close partially during the expansion of the ventricles. The patient, a woman aged 28 years, was married, had lived with her husband about eight years, had not borne children, and seemed to enjoy good health, excepting occasionally a slight lancinating "pain in the heart." She had spent the afternoon with a relative, eat her supper with a relish, walked to her home, a distance of about one and a half miles, and while in the act of taking off her bonnet and shawl, fell upon the floor and never breathed again.

The question of interest in connection with this case is, How could she enjoy health and strength up to the moment of her death when such a disease existed?

Numerous other specimens were presented, some of them rare, and all fine; but I have already covered more paper with this report than I had intended, and will close by saying we find this society of great value to us. It stimulates its members to research, we have the advantage of interchange of views, important specimens in morbid anatomy are brought to the notice of all the members, and preserved so as to be accessible at all times to them. We receive into membership only such physicians as are in good standing in the county medical societies, but receive into honorary membership gentlemen entitled to such a position by their attainments in literature and the sciences.

SAM'L C. PLUMMER, M. D.,
Secretary.

ROCK ISLAND, March 1, 1860.

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Presentation of the Portrait of Prof. G. B. Wood to the Wistar and Horner Museum.—On the 15th of March last, just before the annual commencement of the Medical Department of the University of Pennsylvania, the graduates, professors, trustees, &c., assembled at the University building, when the very interesting ceremony took place, of presenting by the class, to the Board of Trustees, a portrait of Geo. B. Wood, M. D., Prof. of Medicine and Clinical Medicine, to be placed in the Wistar and Horner Museum.

The presentation was made by Dr. J. Campbell Shorb, on behalf of the class, in a very neat address in which he expressed the regret of the class at the proposed retirement of Dr. Wood from the chair he had so long and so well filled. The portrait was received by Dr. La Roche on behalf of the trustees, who replied to Dr. S. in some appropriate remarks, and the ceremony was concluded with a few feeling expressions by Dr. Wood of his gratitude for the compliment paid him, and for the kind remarks relative to himself made by the previous speakers.

Dr. Wood well deserved this tribute of respect, having laboured hard, whilst the occupant of his chair, for the instruction of the class, and fulfilled all his duties with consummate ability, faithfulness and assiduity. He leaves to his successor an example which he may endeavour to imitate, but which he cannot hope to excel.

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Medical Classes, Session 1859-60.—

University of Pennsylvania	515
Jefferson Medical College	630
College of Physicians and Surgeons, N. Y.	195
Massachusetts Medical College	196
Medical College of South Carolina	248
University of the city of New York	411
New York Medical College	75
Buffalo Medical College	70
University of Nashville	401
Ohio Medical College	123

Atlanta Medical College	166
University of Louisville, Ky.	130
Oglethorpe Medical College	60

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Medical Graduates in 1860.—

University of Pennsylvania	173
Jefferson Medical College, Philad. .	170
Pennsylvania Medical College, do. .	38
College of Physicians and Surg., N. Y.	55
Medical Department of Yale College .	13
Atlanta Medical College	50
University of the city of New York	138
University of Nashville	101
New York Medical College	20
Rush Medical College	36
Med. Dep. University of Louisville .	38
Kentucky School of Medicine . . .	37

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Army Medical Department.—A medical board, consisting of Surgeons C. A Finley, Chas. McDougall, and John M. Cuyler, and Ass. Surgeon J. F. Hammond, Recorder, will assemble in the city of New York on the first day of May next, for the examination of assistant-surgeons for promotion, and of such candidates for appointment to the medical staff of the army as may be invited to present themselves to the board.

Applications must be addressed to the Secretary of War.

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Clifton Hall.—We take great pleasure in calling attention to this private Hospital for the Insane, established by Dr. R. A. Given, a gentleman well known to the profession in Philadelphia, as fully competent to the charge of such an institution, he having had considerable experience in the treatment of mental diseases.

This institution is designed to accommodate fifty patients, twenty-five of each sex. Provision has also been made for cases of mania potu. For this form of the disease special arrangements exist, and, after recovery, those who may wish to remain for a time in the hope of overcoming their unfortunate propensity are at liberty to do so, provided they VOLUNTARILY submit to the established rules of the institution.

The grounds, twenty-five acres in extent, five of which are woodland, and abundantly supplied with excellent water, are situated in Clifton, Delaware County, Pennsylvania, about seven miles west of Philadelphia. Eminently healthy and rich in beautiful building sites, as Delaware County is known to be, the location of Clifton Hall stands unsurpassed, while the facility of access, both by turnpike and railroad, places it within an hour's drive of Philadelphia, thus giving to its inmates all the benefits of a strictly rural residence, while it places within their reach the advantages to be derived from occasional visits to a populous city.

Dr. Charles Evans, for many years the physician to the Frankford Asylum, has consented to act as consulting physician, and, when so desired by their friends, the patients may still retain the professional services of their ordinary medical adviser. As a guarantee for the careful and judicious administration of the hospital, a highly respectable and competent board of supervision has been appointed.

All necessary arrangements for the admission of patients can be made with the superintendent at the institution. Information respecting terms of admission, &c., can be obtained either of the superintendent, whose address is *Clifton Hall, near Philadelphia*, or, of Mr. Samuel C. Sheppard, druggist, No. 209 South Ninth Street, Philadelphia.

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Registration of Births, Marriages, and Deaths.—The bill for the registration of births, marriages, and deaths in the city of Philadelphia, we are pleased to announce, has now become a law, having passed both branches of the legislature, and been signed by the governor. It is to go into effect on the 1st of July next. This bill was prepared by a joint committee of the College of Physicians of Philadelphia, and Philadelphia County Medical Society, received the approval of both societies, and recommended by them to the favourable consideration of the Legislature. The provisions of this act are fewer and less complicated than in that formerly passed and afterwards repealed, but is sufficient for all sanitary and for most important purposes.

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The San Francisco Medical Press.—A quarterly journal, under this title, edited by E. S. Cooper, M D., Prof. of Anatomy in the medical department of the University of the Pacific, was issued in January last. The objects of the journal, as set forth in the salutatory, are laudable, and the first number is a highly creditable one, and gives promise of further usefulness.

Louisville Medical Journal.—This is the title of a new monthly medical journal edited by THOS. W. COLESCOTT, M. D, the first number of which appeared in February last. Dr. Colescott brings to his task the advantage of some experience.

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Consolidation.—The *New York Monthly Review* and *Buffalo Medical Journal* has been consolidated with the *American Medical Monthly.*

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Worcester's Dictionary of the English Language.—This dictionary has been for some weeks on our table, and we have taken frequent opportunities to consult it, and have always found the information sought. It is, we believe, the fullest, most satisfactory, and clearest in its definitions of any of our English dictionaries; and, besides, is wider in its scope, embracing technical terms relating to theology, law, medicine, military and naval affairs, architecture, astronomy, botany, entomology, geology, ichthyology, mathematics, &c. &c. &c.

It contains about 104,000 words, all which are carefully defined, the authorities for most of them given, with citations to exemplify and illustrate their use and meaning.

FOREIGN INTELLIGENCE.

Death from Chloroform at Lisbon.—M BARBOSA relates, in the *Lisbon Gazette*, a case in which chloroform was administered for the purpose of removing two small cysts from the upper eyelid. The inhalation was proceeded with slowly, and at the period of death about two drachms of the chloroform had been used, small portions being poured upon a napkin and brought to within about an inch of the patient's mouth. The horizontal position was observed. The lungs were found congested and ecchymosed, the large veins were filled with blood, and the right ventricle of the heart contained coagula, the other cavities being empty.—*Med. Times and Gaz.*, Feb. 25, 1860.

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A Characteristic Sign of Typhoid Fever.—M. Sapolini describes a characteristic sign of typhoid fever, even when arriving at convalescence. It consists in a peculiar pulsation of the carotids. A large arterial wave occurs first in the artery, rapidly followed by a second less voluminous, then by a third, which is succeeded by a moment of pause. This inequality, and the sensation of interrupted *frémissement* under the fingers, are very constant and easy to verify, according to M. Sapolini.—*Lancet*, March 3, 1860.

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Acupressure.—In an editorial in the *Medical Times and Gazette* (Feb. 25, 1860) it is stated that this method of arresting hemorrhage is fast coming into use among surgeons. "In Mr. Adams's case, which we noticed last week, the superiority of the needle over the ligature has been made most apparent. The needle was removed forty-eight hours after the operation, and there was not a sign of bleeding or suppuration; while the ligature has remained, as usual, acting as a seton during the sloughing process it sets up. It should be observed that no part of the needle was left exposed on the raw surface of the wound; it was introduced half an inch above the cut point. This is a great advantage in amputation; for the cut surfaces can be brought into apposition, free at every point from the contact of any foreign body. Our provincial hospital surgeons are taking up the method in a most creditable manner. At Dundee, Carlisle, Greenock, and Liverpool it has been applied with great success; and now that Mr. Adams has led the way in the metropolis, at a small hospital, his example will be followed sooner or later in the larger establishments where the surgery partakes more of the character of stereotype. Mr. Bickersteth, of Liverpool, writes most warmly as to the facility of acupressure and its probable great results."

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Turpentine in Hæmoptysis, by Mr. POLLARD.—In the *Lancet* of the 14th inst., I find the oil of turpentine recommended as a styptic in hemorrhage from the lungs, and I have within the last fortnight had a case in which, after trying various well-known remedies without success, I was recommended by my friend, Dr. Radclyffe Hall, to give the oil of turpentine, which I did, and with the best results.

When I first saw my patient, he had just expectorated about twenty ounces of florid blood, his pulse was firm and good, bowels constipated, and his extremities were cold. I ordered him compound colocynth pill, six grains; calomel, four grains, in two pills, immediately; and a mixture, with sulphate of magnesia, four drachms; dilute sulphuric acid, two drachms; compound infusion of roses, one ounce every four hours. The next morning his bowels had been well relieved; but he had vomited twice about the same quantity of blood each time as on the previous day. I then ordered him acetate of lead, two grains and a half; dilute acetic acid, half a drachm; tincture of opium, five minims; distilled water, one ounce, to be taken every three hours; a blister to the chest, and gave him ice to suck, with a low diet. On my next visit, I found he had expectorated three times in the twenty-four hours, and had had a restless night, with considerable difficulty of breathing. I increased the lead to three grains the dose, which likewise had no effect. I then gave the patient ten grains of gallic acid every three hours, which also failed, with beef-tea and bread and milk, as his pulse was getting low. On the fifth day after the attack commenced, I ordered him twenty-five minims of the spirit of turpentine, in an ounce of water, every two hours, which diminished the quantity of blood considerably; but, after taking six doses, it produced vomiting. The sulphuric acid mixture was substituted for it; but the next day I again gave the turpentine, as the bleeding came on in the night as freely as ever. From that time the symptoms took a favourable turn, and the man is now restored to health.

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Successful Treatment of Vesico-vaginal Fistula.—Nine cases of vesico-vaginal fistula have been operated on in the Glasgow Infirmary during the last year, by Bozeman's method; and three others in private practice there. Of the twelve cases recorded, ten were completely cured by one operation, and two were unsuccessful. One of these two cases failed after repeated attempts; the other was complicated by profuse hemorrhage from the bladder.—*Lancet*, March 3, 1860.

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Perchloride of Iron as a Deodorizer.—The Metropolitan Board of Works have advertised for tenders for the supply of perchloride of iron for deodorizing purposes during the summer season, at the rate of 5000 gallons per diem, or, if necessary, double that quantity. It will be remembered that this deodorizer was recommended to the Board by their chemical referees, Drs. Hoffmann and Frankland, in the report on a long list of deodorizing agents submitted to examination. It will also be recollected that they reported in favour of the perchloride of iron recommended to their notice by Mr. Ellerman.—*Lancet*, March 3, 1860.

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Adulteration of Santonine.—A young girl died lately in Brazil after taking six grains of santonine, in two equal doses, at two hours' interval. The Pharmaceutical Society had the santonine examined by two of its members, and it was found to contain twenty per cent. of *strychnine.—Ibid.*

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Echinococci.—These have been found, M. Legrand says, "in the following organs: in the brain; in the lungs; in the liver; in the spleen; between the layers of the omentum; in the eye, between the crystalline lens and the choroid; in the urine and in the kidneys; in the subclavicular cellular tissue; between the two layers of the aponeurisms of the external oblique; and in the muscular tissue of the trapezius, and between the temporal muscle and the occipito-frontalis fascia."—*Med. Times and Gaz.*, Feb. 25.

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Deodorized Cod-liver Oil.—Under this name a preparation is in course of extensive trial in the French hospitals, which consists in cod-liver oil which has been deprived of its repulsive smell by means of a process devised by two pharmaciens, MM. Autier and Chevrier, and the success of which is due to an organic principle derived from tar. Chemical examination and clinical trials have pronounced this oil as equally efficacious as any other, while the most fastidious can take it even in large quantities. —*Med. Times and Gaz.*, Feb. 11, 1860.

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Medicine, its Deriders and Sects.—The substance of the following interesting notice on the vicissitudes and progress of medicine is derived from the *Revue des Deux Mondes.*

Antiquity has had its critics—either bitter and brutal, or satirical and polished. Heraclites hated physicians; he was wont to say that they would be the most silly of men if grammarians were not there to dispute the position with them. But this morose philosopher had his own system of medicine, and a peculiar practice founded upon his theories of Nature. He made such good use of it, indeed, that he at last died through it. Empedocles—jealous of the physician Acron, illustrious by his writings and experience—gave himself out as a messenger from heaven, charged with the mission of exterminating diseases and other destructive scourges; he journeyed from town to town, carried in a splendid chariot, clothed in magnificent garments, and received adorations and sacrifices like a god. We know how he died, victim of his vanity, or scientific curiosity. Plato, again, did not spare the doctors; he mocked with pleasure at their incapacity; but he, nevertheless, had a system of his own, which he had picked up from every quarter, as was his habit. From this we may conclude, that from the earliest days there has been a rivalry between doctors and philosophers, and that the last were jealous of the first.

The Greeks confined themselves to epigrams; but it was otherwise with the Romans. Physicians came at a late date into Rome, and had a difficulty in keeping their ground there. The elder Cato hated them, and prevented his son consulting them. And yet the rude censor practised medicine in his own fashion; he possessed infallible secrets and efficacious panaceas. His method was simple enough, and, absolute master of his house, he treated man and beast alike. Pliny gives us these details, and Pliny, we know, was not favorable to doctors. In Martial's epigrams, to say nothing of other Latin poets, the doctors are ill-treated enough, and, we must admit, not without justice. The profession was in the hands of slaves, and degraded by venal souls, easy instruments and too often accomplices of corruption, debauchery, immorality and crime. Decay had then invaded everything.

Next came the barbarians and universal confusion, and we lose sight of medicine during the first centuries of the middle ages. To the Arabs we are indebted for a sort of *Renaissance;* but it was in the first universities that the practice of medicine took the direction and the proper character which it bears still to this day. Now appeared the true physician, and by his side an adversary far more formidable than his opponent of antiquity.

Before the middle age, the art of medicine was decaying fast; and as it passed through this long period it still continued in decay. The traditions of the Greeks were gradually lost; the exercise of the art fell into the hands of monks and clergy, for the most part very ignorant, and hence, superstitious practices and absurd proceedings—the supernatural and marvellous being put in the place of experience and good sense. It was a time of miracles and prodigies—the sorcerers rivalling the saints; and while the plague and the lepra committed ravages among the people, the resources of medicine were useless to arrest the scourges. The Jews at this time were hated and persecuted, but yet they were run after for their medical knowledge, and for the drugs obtained by them from the east through traffic with the Arabs.

The *Renaissance* awakened a spirit of inquiry. The records of antiquity, once again opened, were discoveries as of a new world. And then began the general strife against orthodoxy. Heretics and Protestants were to be found elsewhere besides in the church. Aristotle and Galen were treated like the Pope, and so commenced the long quarrel between ancients and moderns.

This struggle, also, medicine has passed through; but it gained an infinite number of enemies, and chiefly the charlatans. At an early hour these industrious gentry seized upon medicine, which offered so vast a field for the exercise of their ingenuity. From Montaigne down to Rousseau—not to mount higher or go down later—we find a concert of invectives against medicine, the noise of them being still audible, though weak. Infinite variations were played continually on the same strain. It has taken three centuries to reduce the pretensions of physicians to their true proportions. Chemistry, which appeared at the first dawn of the *Renaissance*, explained all the phenomena of the animal economy by the principles of a gross chemistry—seeing there nothing but fermentation, distillation, and effervescence of humours at work in the living laboratory. Then later, after the discoveries of Galileo and Newton, mechanics, with its levers and instruments, explained the forces; and, after Harvey, hydraulics. Thus arose the sub-sects—iatro-chemists, iatro-mechanicians, and iatro-mathematicians. These were materialists, and soon found their opponents, the spiritualists. Truth was with neither sect, but the spiritualists have rendered most service to medicine. Stahl produced Barthez and Bordeu, and Bordeu produced Bichat. Still, even at this present day—but how enfeebled!—the two parties are face to face. Gradually they are disappearing, leaving in history the remembrance of their long and ardent struggles, prolonged for three centuries and a half—from the end of the middle ages to the commencement of the French revolution.

Two sects, either through indifference or through calculation, kept clear of the struggle—the empirics and the sceptics. At the head of the empirics was Sydenham. Their business was to watch attentively the origin and progress of phenomena, noting with scrupulous care the effects of remedies and the fruit of observation, leaving aside all useless speculations.

Scepticism glided into medicine, thanks to the demi savans. The title of sceptic belongs to those narrowed and pretentious souls, who, contented with a superficial view, seize only the surface of things, losing sight of the links which unite them, and boldly denying the existence of whatever escapes them, affirming in this absolute negative their incapacity and deficiency. Lower still in the scale of systems we find the eclectics—physicians who, following certain metaphysicians, think to find a perfect system in taking what is good out of every system. Their appearance on the stage announces the end of systems. In the scientific as in the social order, end means transition, a new phasis, commencement of a new order. Medicine, which has undergone so many vicissitudes, is thus at present traversing a period of transition; it is in the way of organization, in a provisionary state.—*Med. Times and Gaz.*, Feb. 18, 1860.

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Dr. Churchill, the Consumption Curer.—This gentleman writes a reclamatory letter to the editor of the *Gazette Hebdomadaire*, demanding justice to be done to himself and his hypophosphites. The following is the editor's reply:—

"M. Churchill having ingeniously discovered, as he has been kind enough to tell us before several persons, that our appreciation of the facts he laid before us was wanting in good faith, and had no other object than that of pleasing the faculty, we are surprised rather more than honoured by finding him again asking our opinion. It would be easy enough for us to show that four deaths out of twelve patients, in less than two years, show a result not particularly satisfactory, when we recollect that of the twelve two did not appear to us to be phthisical at all, and that five were apparently affected with tubercle, but only in the first stage, presenting merely correlative symptoms, bronchitis, and pulmonary congestions, and belonging to that class of patients whose life may be prolonged ten, twenty, or thirty years. We may add that the careless way (*peu de rigeur des notes*) in which M. Churchill takes his notes of the stethoscopic signs does not inspire us with perfect confidence in the cures which he announces. But he cannot wish us to make him a second time victim of our partiality and base flattery. All we can do for him, in declining his offer, is to recall to him the offer we made in the conversation above alluded to. 1. To submit fresh patients to the examination of competent physicians. 2. To submit to the test those patients only who are incontestably the subjects of pulmonary consumption."—*Med. Times and Gaz.*, Feb. 25, 1860.

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Medical Service of the Russian Navy.—In consequence of a recent decision of the Emperor of Russia, the principal medical officers of the navy of that country will be sent abroad for two years, during which time they will be required to visit not only the most celebrated hospitals and *cliniques* in Europe, but also foreign ports, especially those of France, England, and the Low Countries, for the purpose of thoroughly studying the hygienic and medical organizations of European fleets, the lodging and diet of men in barracks and on board ship, the influence of climate and locality on disease, the organization of naval hospitals and lazarettos, and other matters of importance. —*British Medical Journal*, Feb. 4, 1860.

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Consequences of Cystitis.—A surgeon afflicted with cystitis, travelling by train from Gloucester, ran to the further end of the platform, and relieved the bladder near a paling, but in sight, it appeared, of one of the last carriages. The husband of a lady in the carriage caused him to be arrested on a charge of indecency; he was acquitted after detention in jail for three days, being remanded through the non-appearance of the prosecutor. He has since brought an action in the Queen's Bench against his prosecutor for damages for false imprisonment, and obtained a verdict for £100.—*Lancet*, March 3, 1860.

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Medical Students in Paris.—The number of inscriptions taken at the Faculty of Medicine of Paris, at the commencement of the present scholastic year, was 988; namely, 922 for the degree of Doctor of Medicine, 66 for the grade of Officer of Health. Among these are 304 new inscriptions. In 1858, the total number of inscriptions was 1065; the number of new ones, 251. Last year, 34 foreign students were inscribed in the separate register; this year their number is 48.

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Smallpox in Scotland.—The Registrar-General informs us that, during the fourth quarter of 1859, a virulent epidemic of smallpox has prevailed, and is still spreading, over many parts of Scotland, and carrying off numerous victims; and he adds: "Of late years there can be no doubt that epidemics of smallpox have been becoming both more frequent and more virulent. So late as 1856, smallpox appeared as an epidemic in several localities in Scotland, and found so many victims unprotected by vaccination, that, in the town of Dundee alone, the deaths from that disease, during the year, constituted no less than 9.3 per cent. of the mortality; while in some other places nearly a third of the deaths were caused by it."—*Med. Times and Gaz.*, March 10, 1860.

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Illegitimacy in Scotland.—This, it appears, increases gradually as we proceed northwards; and further, the proportion of illegitimate births in the country districts is considerably higher than in the town districts. In the 125 town districts 1166 of the births were illegitimate, while in the country districts they numbered 1195; giving the proportion of only 8 per cent. of the births as illegitimate in the town districts, against 10.3 per cent. in the country districts.—*Med. Times and Gaz.*, March 10, 1860.

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Influence of Carbonic Acid on Cicatrization.—Drs. Demarquay and Laconte have recently ascertained that if a wound or sore be kept for a sufficient length of time in an atmosphere of carbonic acid, it will heal much more rapidly than in common air; oxygen, on the contrary, will retard the process of cicatrization.—*Ibid.*

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Holopathy.—A distinguished physician of Paris, M. Marshal de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy. (ολος, *entire ;* παθος, *disease*). M. Marshal considers that diseases, as they come before the medical practitioner, are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favour their appearance. The lectures are creating some sensation in the French capital.—*Lancet*, March 10.

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Dr. Livingstone.—News has been received of this gentleman and his party down to December 12th, when they were at the mouth of the Kongoue. The party had all suffered from fever, but were completely recovering and in good spirits.—*Ibid.*

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Miss Nightingale.—This lady's health, which has for some time caused much uneasiness to her friends, we regret to learn, from the recent journals, continues to decline.

American Medical Literature Abroad.—The unusual activity of the medical press of this country within the past year, is attracting to our literature a much larger share of attention abroad than it formerly commanded. In looking over our recent files of English Journals, we observe that Dr. Simpson (whose lectures we are republishing in this periodical), in a recent clinic on Ovariotomy, alludes to the late work of Professor Gross, of this city, as the "most complete work on Systematic Surgery in the English language." The elaborate treatise on "Therapeutics" by our fellow-townsman, Dr. Stillé, receives a short, but highly complimentary notice in the "London Lancet" of March 10th, and Mr. Parrish's "Practical Pharmacy" is "cordially recommended" by the same periodical, "as admirably suited to the requirements of the practical pharmaceutist." The "Dublin Quarterly," likewise, in a review of Professor Flint's valuable work on the Heart, declares its "most hearty approval of the author's ability, industry, and conscientiousness."

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Inguinal Hernia—Wutzer's Operation for Radical Cure.—H. B., aged 24, was admitted into University College Hospital, under the care of Mr. HENRY THOMPSON, in November, 1859. He had always lived well, and had enjoyed good health. He had noticed, for the first time, five or six years ago, a slight swelling in the left groin, which appeared after lifting a heavy weight, and gradually increased in size; but only six months ago the patient commenced wearing a truss. On November 11, Mr. Thompson had tapped him for hydrocele on the right side. On examination after admission, a tumour with a distinct neck was noticed in the left side of the groin. It was translucent below, and had a very slight impulse only on coughing, and this was arrested by pressure on the external abdominal ring. The spermatic cord could be felt distinctly above the tumour. The swelling was easily reduced on his lying down. On standing up again, and pressure being made at the ring, the scrotum gradually swelled out, but not to its full size, which it regained, however, on removing the pressure. The testicle was always easily to be felt below the tumour.

16*th.* Mr. Thompson to-day performed Wutzer's operation. Chloroform was not given, and very little pain was felt. There was afterwards considerable pain, but it was limited to the point where the pin protruded.

On the 25th the cylinder was withdrawn. The invaginated skin was firmly held in place, being felt under the skin as a hard and rounded mass. He was discharged cured on December 2.

Subsequent History.—Mr. Thompson informs us that within the last few weeks, *i. e.*,

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

about three months after the operation, the hernia has again protruded. The man left the hospital wearing a truss, and was ordered never to make any exertion without having the truss on. Believing himself cured, he at length married, and during the first night his rupture again came suddenly down. The reprotrusion was attended with considerable pain, and of course caused the poor fellow extreme disappointment. He intends, we believe, to submit to a second operation. The result shows the importance of following up these cases after discharge from the hospital.—*Med. Times and Gaz.*, March 17, 1860.

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Cerebral Clot without Paralysis; Bright's Disease and Pneumonia.—It is a matter of everyday clinical experience to encounter cases in the wards of our hospitals in which three or four diseases are struggling for mastery in a single patient. Some one disease will be more prominent than the others, whilst perhaps the latter may be altogether latent or wholly unsuspected; and it is surprising to witness the tenacity of life, notwithstanding the amount and complexity of the varieties of the morbid influences at work.

A patient (Thomas S——), aged forty-one, was admitted into St. Mary's Hospital on the 23d of November, 1859, under the care of Dr. Chambers. He had received some injury to the right temple from the blow of a stick three days before, which was followed by symptoms of concussion; these passed off, and were followed by others, resembling, to a certain extent, those of delirium tremens. The latter were present on his admission; they shortly disappeared, and he remained conscious, but at times excited and uproarious. He had also erysipelas of the face, which passed off under treatment. From the condition of his urine, the third stage of Bright's kidney was diagnosed. After some days, pneumonia of the right side set in; and, finally, he died on the 20th of December, thirty-three days after the receipt of the injury.

We had the opportunity of witnessing the post-mortem examination, made by Dr. Broadbent, the resident medical officer, on the 21st of December, in the presence of Dr. Chambers, when the following appearances were observed: A clot, the size of a large marble, was present in the right hemisphere, near the right anterior cornu, and had become altered in its characters, being partially fibrinous, pale, and evidently undergoing absorption. There was a little fluid in the ventricles, and at the base of the brain. The right lung was distinctly divided into three lobes, the lowest of which was affected with pneumonia. Recent pericarditis existed on the whole of the right side of the heart; the membrane could be peeled off, leaving a highly congested surface beneath. Both kidneys were small and contracted, with very little healthy structure remaining, and in the third stage of Bright's disease; the right was rather extensively invaded by numerous cysts, of variable dimensions. The renal arteries were thickened, as is noticed in old cases of Bright's kidney.

It is remarkable, as was observed by Dr. Chambers, that the man should have lived so long with the amount of disease present within him, and yet he had recovered from the effects of a great part of it. In this single instance, we find a clot in the brain, pneumonia, pericarditis (latent during life), old disease of the kidneys, and erysipelas.—*Lancet*, Jan. 28, 1860.

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Excision of a lost Eyeball, on account of Sympathetic Irritation in its Fellow.—The following case is of interest because we have been able to extend its history over an unusually lengthened period. As most of our readers are aware, the rule of practice of excising lost eyes, when painful, in order to prevent sympathetic injury to the remaining organ, has of late years been extensively adopted. Very valuable, indeed, have been its general results, and many eyes have, we do not hesitate to assert, been saved by it. The patients, however, usually pass from under observation much earlier than could be wished. In the following case a man whose globe had been removed two years ago, came under notice, accidentally, a few days ago. He stated that his remaining eye had been quite free from irritation ever since the operation, although prior to it it had been alarmingly affected. We were able by reference to the excellent records kept by Dr. Bader, the curator to the hospital, to obtain a full account of the former part of his case, which we here adduce:—

W. S., aged 52, was admitted under Mr. Dixon's care in June, 1858. He was a strong man; and, except that he suffered occasionally from colds, was in very good general health. About five years before he had received an injury by a piece of steel which flew off a chisel, and which he supposed was driven into the eye. For three weeks after the accident he lost the sight in the eye, but after that time it recovered vision, but the sight remained defective. He was afterwards troubled with flashes of light and "black balls" floating before the eye, at first large, but becoming smaller and more numerous. In the intervals between them he could see tolerably well; seven months before his first admission he had one night sudden pains in the eye, and the next morning he found that all sight, even perception of light, was gone. Externally the globe appeared normal. About five months after this he received a blow on the right cheek, which was followed by pain and inflammation in the right eye, which continued up to the time of his admission. The left eye was painful and watered a great deal. On admission, the following notes were made of the condition of the eyes:—

"Left eye: weak and watering, and could scarcely see with it. Right eye: no perception of light; tension increased; conjunctival and scleral vessels gorged with blood; cornea transparent; anterior chamber of medium size; aqueous humour yellowish; pupil irregular, large, and fixed; its margin black (uvea); its area of a dirty grayish-yellow, sprinkled with blood-spots."

Mr. Dixon excised this eye (the right) on August 14, 1858. The parts recovered well; the pain ceased; the sight of the left eye became good, and has remained so to this time; equal to all the purpose of his business—an overlooker of machinery—for reading, and, as far as he can tell, quite sound and perfect.

Dr. Bader examined the removed eye very carefully, and observed as follows: Yellowish serum and blood were found in the anterior chambers, the blood-spots consisting of networks of small vessels coming from the pupillary edge. The black margin of the pupil (uvea) was firmly adherent to the lens capsule, which was transparent. It was torn on attempting to detach the adhesions. The lens was gray and opaque. The tension of the eye was increased, and the globe slightly squared by the recti opposing the pressure from within the globe.

The optic nerve appeared healthy; a piece of the sclerotic and choroid taken from behind the insertion of the superior rectus, was examined. These two coats were in apposition. A yellow, transparent fluid escaped from the globe. Suspended in the space bounded by the choroid was a grayish-white opaque, folded and conically-shaped substance (detached retina). The apex of it was attached at the entrance of the optic nerve, and the base along the ciliary processes. The outer surface of the detached retina was sprinkled with whitish dots. The space bounded by the retina was occupied by a few drops of transparent fluid. The transparent membrane which lined the inner surface of the ora serrata, had also become detached and opaque. A grayish-white inflammatory deposit adhered to the ora serrata.

The man was furnished with a glass eye and discharged. He presented himself again a few days ago, for the first time since his discharge (March 5), coming merely for a stye in the right upper eyelid. He stated that he could see quite well with the left eye, that he had had no return of pain, and that the artificial eye occasioned no inconvenience, and that his loss was seldom detected. Dr. Bader examined his left eye with the ophthalmoscope, and, with the exception of some slight central opacity of the cornea, detected nothing abnormal. The optic nerve was rather pink; the vessels thin; the fundus natural.—*Med. Times and Gaz.*, March 10, 1860.

LECTURE.

Lectures on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By ATHOL JOHNSON, ESQ., Surgeon to the Hospital.

LECTURE I.—INTRODUCTORY REMARKS; *Plan proposed; Arrangement of Surgical Affections of Children;* CONGENITAL MALFORMATIONS; *Atresia Oris; Imperforate Anus; Imperforate Vagina; Hare-Lip; Orthopædic Surgery; Congenital Fractures and Dislocations; Congenital Luxation of the Hip; Encephalocele and Meningocele; Tumours of Scalp, with Absorption of Cranial Bones.*

GENTLEMEN: It is, I assure you, with much diffidence that I appear before you to deliver this lecture. Trusting, however, that your kindness and forbearance, as well as the interest and importance of the subject itself, will extenuate some of my deficiencies, I venture to offer to you the following observations on the *Surgery of Childhood*.

It is but a few weeks since, a gentleman at this Hospital asked me what work I could recommend him to read upon this subject; and it was probably to his surprise, as I confess it had originally been to mine, that he learnt that there was really no special book of the kind published. The number of works in various languages devoted to the medical diseases of children is very great, and includes many of the highest excellence; amongst these, I need scarcely refer you to the admirable *Lectures* of Dr. West; but owing, I suppose, to these works having been written almost exclusively by physicians, the surgical affections have received but scanty notice, if any.

After a long search, indeed, I found in Frank's *Delectus* a short Latin treatise by Oehme, *De Morbis recens Natorum Chirurgicis ;* but any author who applies to this in the hope of pilfering ideas with impunity, will, I believe, be deservedly disappointed.

The distinction, it is true, between medical and surgical affections, in early life, as at all other ages, cannot be accurately drawn. In many cases which are strictly medical, my assistance is occasionally invoked. In croup, for instance, I have been called on to perform tracheotomy; or for the consequences of pleurisy, to puncture the chest; whilst in all my surgical cases I am ever most glad to avail myself of the ready assistance of my colleagues. Without pretending, however, to logical accuracy, there is practically little difficulty in effecting the separation, in assigning to physicians and to surgeons their respective cases.

The plan which I have sketched out in my own mind is, at present, to offer to you some practical remarks, illustrated with cases, on the surgical affections of children generally, with a hope that, at some future period, I may be able to take up those of the genito-urinary organs, and of the other regions in due succession. But, gentlemen, in the lecture-theatre, as in other theatres, the proposed performances are not always conducted to a successful termination. They require, in fact, the concurrence of the audience, as well as the efforts of the performer; and if it is considered hardly regular, on these boards, to express disapprobation as noisily as elsewhere, it may still be demonstrated more quietly, but as effectually, by your non-attendance.

The surgical affections of children may, I think, be conveniently arranged as follows:—

I. Those CONGENITAL MALFORMATIONS—using the term in a very broad sense, and including arrests of development—which require the attention of the surgeon.

II. The direct or immediate consequences of INJURIES OR ACCIDENTS.

III. SURGICAL DISEASES PROPER, which may follow one or other of the previous divisions, or which may arise from other causes.

I. — CONGENITAL MALFORMATIONS. — These are unquestionably special to infancy; and, in the great majority of cases, any surgical treatment which may be applicable is employed at this period of life. With certain exceptions, the malformations which are met with in grown-up people are those which are beyond the reach of our art.

In the good old times, if the malformation reached a certain point, the unhappy subject was christened a "monster," and summarily disposed of, usually by being drowned; and, though Blackstone had pointed out the impropriety of this proceeding, and even laid it down, that "a monster having deformity in any part of its body, yet, if it have human shape, may inherit," the popular impression still remained in many places in favour of what may be termed the heroic treatment. Even as late as 1812, two women were tried at the York Assizes for drowning a child who was born with some malformation of the cranium. There was no attempt at concealment on the part of the prisoners, who did not appear in any way conscious that the act they had committed was either illegal or immoral.

Some malformations require immediate surgical assistance, either to preserve life, or because it can be employed to the best advantage at a very early period. For instance, in certain cases (rare, I confess), in consequence of adhesion of the lips during intrauterine life, the child is born with what is technically called *Atresia Oris*—that is, occlusion of the orifice of the mouth—and, unless a passage to the digestive organs is obtained, nutrition cannot take place and the infant perishes. A still better example—at least, one which is more commonly met with—is, where the other end of the digestive tube is closed, constituting

Imperforate Anus. In this case, as in the previous one, unless an opening be established, life cannot long be sustained; and though the operation not unfrequently fails, or is not even attempted, the results at other times are most favorable. As an illustration, I will detail briefly a successful case of the kind which occurred to me at this Hospital.

Case.—Rebecca Nathan, 23 days old, was brought to me in the summer of last year, with no opening in the usual situation of the anus, the parts there being firm and solid. There was, however, in the posterior wall of the vagina a fistulous orifice, just large enough to admit of the introduction of a probe, through which some fecal matter exuded. This opening communicated with the rectum, which passed upwards and backwards, being separated from the surface where the anus should have been by soft parts, about an inch in thickness. The child was very ill, sick and pining away, straining constantly, and evidently suffering very much from the difficulty in passing the feces. I determined to operate; and, having passed a probe through the fistula into the bowel, as a guide, I made a free incision through the integuments a little in front of the coccyx, and divided the soft parts until I reached the rectum. This was opened freely, and a large gum elastic tube introduced through the wound into the gut, and secured there. There was no great amount of hemorrhage; the feces came away freely; no bad consequences followed; and the child, who throve very well, was brought to me from time to time for some months by the mother, who was supplied with a bougie, which she was instructed to pass frequently.

When I saw her last, the little patient's general health was much improved, and a pretty large instrument could be introduced without difficulty.

If the anus is imperforate, and there is no fistula to guide us to the bowel—as there was in the case I have related, or in one described by Mr. Dickinson at Rangoon, where the feces were passed through the penis (*Lancet*, 1859, page 534)—the case becomes more difficult, the chances of success are much diminished. In the first place, we ought, of course, to explore the perineal region; if the closure of the anus depends only on the existence of a thin septum, through which, perhaps, the meconium is visible, or if we find a soft and fluctuating tumour which indicates its presence, it is here undoubtedly that we ought to make our incision; the anus should be re-established in its natural position.

If, however, all these indications are absent, if there are no means of ascertaining to what extent the bowel is deficient or displaced, we may still divide the soft parts in this situation; but the operation will, in all probability, prove unsuccessful. Two other plans, however, present themselves to the surgeon. He may attempt to open the large intestine in the lumbar region by what has been termed Callisen's operation. Theoretically, this is an advantageous situation, for here the bowel may be punctured without the peritoneum being wounded; and in the adult, when an artificial anus is required in consequence of stricture, this operation has been performed with considerable success. In infants, however, the malformation and displacement are frequently not confined to the rectum, the difficulties become much greater, and practically, I am not aware of many cases where this operation has been of service.

The other plan is to open the bowel in the groin by Littre's operation. In a remarkable report, read at the Imperial Academy of Medicine, in January of last year, M. Rochard was able to bring forward five cases which had occurred at Brest, where this operation, performed for congenital imperforation, had proved permanently successful, and in which he could trace their progress for many years. One of these cases I may narrate, for it is in the after-results of our operations that the study of surgery is most deficient. An infant had Littre's operation performed on her in 1813. She is still alive; and very recently M. Rochard had an opportunity of examining her. Her digestion is excellent; the stools solid, passed periodically, and, to a certain degree, under the control of the will. When a motion is about to pass, she experiences a feeling of uneasiness and fulness in the left groin. She then removes the compress and body-bandage, which form the whole apparatus that she wears, and replaces them when the bowels have operated. In the intervals, no fecal matter escapes, but there is a little mucous discharge from the upper bowel. A tumour exists, arising from a prolapse of the lower or anal division of the intestine (this, I may remark, was found in *all* the cases); under pressure, this tumour diminishes in size, but cannot be entirely reduced; there is no tenderness about it, except when diarrhœa is present. The patient is strong and well formed, able, and indeed obliged, to perform hard work. In another of the cases related, the woman married, and had four children, the pregnancy and delivery being, on each occasion, quite normal.

The objections to Littre's operation have been mainly, that the peritoneum must be wounded, and that the artificial anus, if placed in the groin, is a perpetual source of inconvenience and discomfort. It has also been asserted that it necessarily predisposes to hernia. To the first objection, it is fair to answer, that we do not hesitate to wound the peritoneum in operating for hernia; and to the second, that an artificial anus must always be a source of discomfort; but it is, at any rate, more manageable by the patient if placed in the groin, than if situated in the back. As to the alleged tendency to hernia, it is to be remarked, that in not one of these successful cases had any rupture taken place.

The conclusion at which I have arrived for my own part is, that in the next case of imperforate anus I meet with, if there are no indications of the bowel in the perineum, I shall not hesitate to proceed *at once* to form an artificial anus in the groin, rather than exhaust the patient by previous ineffectual attempts to discover the end of the large intestine.[1] In infants it may be remarked, that the sigmoid flexure is very long, and may be directed transversely into the right iliac fossa, bending back from right to left to enter the pelvic cavity. M. Huguier has consequently suggested that the operation should be performed in the *right* groin. Probably, however, by making the incision rather high up, at the level of, or above the anterior superior spine, the left groin would be preferable, and this appears to have been selected in all M. Rochard's cases.

Imperforate Vagina. An imperforate condition of the vagina is frequently met with, which admits of ready and easy cure. Here the vagina at its orifice is obstructed by the two sides being closely united by a thin membrane, which presents a very small opening at its upper border, allowing the urine to escape. The membrane is placed well in front of the hymen, from which it is totally distinct. No inconvenience is suffered, and perhaps some years may have elapsed before the condition is noticed. At last it attracts the attention of the mother, who becomes alarmed, and is anxious that something should be done. The treatment is simple; a moderately strong probe may be introduced behind the membrane, through the orifice at its upper part; and being curved downwards, may be made to tear its way out, leaving a line of raw surface on each side of the vagina; these sores may then be coated separately with collodion, to prevent their reuniting, and the case requires no further treatment. The sooner this is done the better; if left to a more advanced age, as has been recommended by a writer of eminence, the union becomes much firmer and more difficult to destroy. Mr. Rees relates a case which had been so left, where the adhesion was a quarter of an inch in thickness, and required a troublesome operation for its removal.

Hare-lip. Another class of malformations would consist of those in which, if an operation is not absolutely required at a very early period of life, it is performed with the greatest prospect of success in respect to after deformity; as an example, I may adduce hare-lip. It has indeed been a question here whether surgical interference had not better be deferred till a later period of life; till dentition has been accomplished, or even till that fabulous period when the child has become so sensible of his deformity as to be ready to concur in its removal; but I quite agree with Mr. Butcher in the opinion he gives, in his very excellent remarks on the treatment of this affection, that the operation can scarcely be performed too soon; by the end of the first week of life certainly, and thence to the termination of the third month. Indeed, when complicated with cleft-palate, the immediate cure of the hare-lip not merely favours a spontaneous closure of the fissure of the palate, but sometimes offers the only chance of preserving the life of the infant, by enabling it to suck. Two such cases occurred to me here; in one, from certain circumstances, no operation was allowed, and the infant perished of inanition; in the other, I operated for the hare-lip, and the child did well, the cleft palate being left to take its course.

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[1] Since this lecture was delivered, I have had occasion to perform Littre's operation on a female infant with imperforate anus. Though the case, which presented some interesting peculiarities, terminated fatally at the end of forty-eight hours, I see no reason to modify the opinion given in the text. The sigmoid flexure was reached and opened without difficulty.

Orthopædic Surgery. It is in the child especially, that orthopædic surgery, as it is called, for the relief of muscular contractions and of the deformities consequent upon them, has most frequently to be employed; and though these contractions are by no means invariably congenital, they are so sufficiently often to warrant my now alluding to them. In these cases, the sooner remedial measures are employed, the more readily is the deformity removed. In fact, the earlier the age of the patient, the more easily will the part affected yield to pressure properly applied; and, in most cases, by appropriate mechanical appliances, even without the use of the knife at all, a perfect and a permanent cure can be effected. We may, indeed, take a lesson perhaps from our celestial brethren (in China), with respect to the great power we possess in moulding or manipulating the infant foot; and if they are able to make it assume the peculiar form which is considered fashionable and proper in their females, so may we, with greater sense, by a similar procedure, relieve deformity and restore the natural form.

Congenital Fractures and Dislocations: Congenital Dislocation of the Hip. Before the child is born, even within its mother's womb, it is liable to fractures and to dislocations, and a correct knowledge of these is always advisable, and frequently indispensable to the surgeon. A little girl, for instance, ten years of age, was brought to me last year, said to be labouring under disease of the hip, for which she had been duly leeched and blistered, painted with iodine, and drenched with cod-liver oil. She had, in truth, congenital luxation of the left hip-joint, an affection not very uncommon, and of which M. Boyer has collected thirty-two cases. This dislocation, which generally takes place upwards, the head of the femur resting on the dorsum ilii, as it did in the case I have alluded to, frequently occurs on both sides at once, but is occasionally met with on one side only. It may not be noticed at the time of birth, but becomes apparent when the pelvis expands, when the child's movements get more active, when he attempts to assume the upright posture and to run alone. The want of proper support of the body on the extremity, the peculiar unsteadiness in standing or walking, the defect in the proper movements of the hip, and the alternate elevation and depression of the head of the femur in the external iliac fossa begin then to be very evident.

This kind of luxation is said, like defective formations in general, to be more frequent in the female than in the male; eleven only out of the thirty-two cases mentioned by Boyer, occurring in boys, to twenty-one in girls; the case too I have related, occurred in a female. It occasionally runs in families, or may even be hereditary; it has been seen, for instance, in a mother and her daughter, in two sisters, and M. Sédillot mentions a family in which the mother had a double congenital dislocation, the son a similar dislocation on both sides, whilst the daughter had it only on the left side.

Opportunities of dissecting the parts are, of course not often met with, the affection not being in itself dangerous, whilst the number of cases in which it occurs is limited. According, however, to M. Pravaz, who has written a special treatise on the subject, the head of the femur may remain free upon the external surface of the ilium, having its movements limited only by the resistance of the soft parts, such as the capsular and accessory ligaments with the surrounding muscles; or, on the other hand, it may be fixed in a false joint. The cotyloid cavity, deserted by the femur, may not be completely obliterated, but only deformed, becoming of an oval or triangular shape, and reduced in its dimensions, *it may still, however, preserve a sufficient capacity, if not to inclose the head of the femur, at least to retain it.* The head of the femur is smaller than natural, and somewhat modified in its form. Its neck is shorter and atrophied, both in length and in circumference. The muscles which unite the thigh to the pelvis are relaxed or extended according to the effect produced upon their length by the displacement of the femur; those which are left relaxed or unused, passing into the state of fatty degeneration.

The congenital luxation is not always complete, especially in the first few years of life; afterwards, the constant action of the limb and the shocks which result from the movements in walking, frequently increase the first degree of displacement; the head of the bone is forced higher and higher on the ilium; it remains in its new position for variable periods of time, and leaves there traces, more or less profound, of the pressure it has exercised.

The diagnosis from the results of hip-joint disease is simple. To translate the words of Dupuytren, "the absence of all pain or inflammatory swelling, of any abscess, sinus, or cicatrix; the simultaneous existence, in some cases, of a dislocation on each side; the history; the first appearance of any sign of the defect on the first step taken by the patient; the progressive development of the symptoms in proportion to the increased weight of the body—all these are so many certain means of distinguishing the two affections, so analogous in their signs, so different in ther origin, their nature, and their treatment."

With respect to the treatment, in most cases, at any rate, it can be only palliative. Baths, friction, and all measures calculated to strengthen the parts around, may be employed; whilst mechanical support is given to the limb by means of an appropriate apparatus embracing the pelvis and receiving and retaining the great trochanters. It is possible that in favourable cases, where the affection is recognized at a very early period of life, when the extent of the changes in the parts is proportionately small, especially, perhaps, when the luxation is double, and the pelvis has consequently remained symmetrical, reduction may be accomplished, a permanent cure effected; at least, M. Pravaz relates some cases in which protracted treatment is said to have terminated in a successful result.

Without feeling much confidence in the chance of a cure, I have been led to dwell at some length on this subject, as the treatment employed upon my patient shows that the affection is not universally recognized.

Encephalocele and Spina Bifida. Even where no operative interference is called for, a correct knowledge of the malformations which may occur, and of their site, is often of great consequence to the practitioner, as it may save him from committing great mistakes, from incurring much just blame. I may refer, by way of illustration, to those congenital malformations of the head and spine which have been termed *encephalocele* and *spina bifida*. In the former (congenital *encephalocele*), usually in consequence of intra-uterine hydrocephalus, when the pressure of the fluid interferes with the development of the bones, and at some particular spot arrests it altogether, we find a tumour of varying size and form, containing a certain amount of the substance of the brain, which protrudes through an aperture in the skull. Sometimes this tumour or hernia of the brain is as large as the proper head itself, or even larger. Generally, however: it is much smaller, and presents a more or less defined neck or pedicle, corresponding to the aperture in the skull. The protruded mass of brain is covered by the pericranium and dura mater, which are somewhat intimately united with each other, and by the other membranes. These coverings, however, are frequently much thinned, and may even give way and burst.

The most common situation in which this protrusion takes place is the occiput, as seen in the cast on the table, as well as in the preparation. Less frequently it is found at the anterior part of the skull, in the fronto-nasal region, or at the front part of the base, protruding into the orbit through the sphenoidal fissure, into the nose through the cribriform plate, or into the pharynx through the sphenoid itself. It has also been found between the occiput and parietal bone, at the top of the head; as well as in the parietal region. Some of these cases were possibly blood tumours or cephalhæmatomata, rather than encephaloceles. In the museum of Guy's Hospital is a specimen of encephalocele in the parietal region, the protrusion being in connection with the lateral ventricle. In a table of ninety-three cases collected by Dr. Houel, sixty-eight occurred in the occipital region, sixteen in the fronto-nasal, and nine at the base of the skull.

A very complete and admirable account of this affection was given a year or two back by my friend Mr. Prescott Hewett, in his lectures at the College of Surgeon's, which I hope will ere long be published; but my principal object in alluding to them is, to warn you to be upon your guard in meddling surgically with such congenital tumours in the situations I have mentioned, or else you may be disagreeably surprised by finding that you are unintentionally extirpating a part of your patient's brains—a mistake which very able surgeons confess to having committed. M. Lallemand, for instance, relates that he was asked to see a young girl with a tumour situated in the occipital region. Taking it for a wen, he began to remove it; but he soon found out that he had to do with the dura mater, which was protruding through a hole in the occipital bone. The child died, of course, a few days afterwards, when the tumour was found to contain an elongated portion of the cerebellum. In the third volume of the *Clinique des Hopitaux des Enfants*, you will find related a case of encephalocele in the forehead in a child eight years of age (said, however, to be probably not congenital), which was mistaken at first for an abscess, and punctured; this was followed by head symptoms, when the case was pronounced to be fungus of the dura mater. More incisions were made, and the surgeon tried to cut off the whole tumour; but the operation could not be completed, on account of the hemorrhage, and the child died. On examination, the tumour was found to be composed of the substance of the brain itself protruding through the dura mater, which was perforated (it had been, we may recollect, extensively wounded), and corresponding to the loss of substance of the bony case of the skull. Dr. Zdzienski, too, relates an interesting case of this kind occurring in the nasal region, where the *écraseur* was applied in 1857, the affection being mistaken for a vascular tumour. The patient, who was between eleven and twelve years of age, of course died. (*Encephaloceles Congenitæ Casus Rarior.* Auctor, Theophilus Zdzienski. 1857).

Meningocele. Occasionally we meet with analogous protrusions through the skull, consisting, apparently, only of the membranes, forming a pouch containing cerebral fluid, but in which no actual brain-substance has been made out. These have received the name of *meningoceles.* It is possible, however, that even in these cases a portion of the brain really was protruded, but so distended by effusion into its interior, forming so thin a shell of cerebral substance, as to have given way, and rendered its presence difficult to demonstrate, except on careful dissection. Such appears to have been the case in the interesting preparation now on the table. It occurred in an infant I was requested to see before I became connected with this hospital. The tumour, which was congenital and placed at the back of the head, was originally very much larger than you see it now, in consequence of the soft coverings, which at birth were very thin and transparent over a very considerable extent, having given way soon afterwards, and allowed the discharge of a turbid fluid, by which the swelling was much diminished. The subsequent immersion in spirit, too, has tended to contract it still further. The child died with convulsions, at the age of about three weeks, when I was enabled to secure the entire head.

The opening by which the tumour communicates with the interior of the skull, and which is about large enough to admit the end of the little finger, is placed to the right side of the central line at the lower and back part of the occipital bone. It is not situated, as has been sometimes stated, at the junction of the four pieces of which the back part of the occiput is said in books to be originally formed, but nearly an inch below it, between the occipital and condyloid portions of the bone, the circumference of the opening not being entirely osseous, but at its lowest part consisting, for a small extent, only of membrane, which extends to the foramen magnum, from which the hernial aperture is distant about three-quarters of an inch. Through this opening the dura mater can be plainly seen passing, forming the constricted neck of the hernial sac.

Inside the skull, extensive hydrocephalus has been present; the lateral ventricles have been enormously distended with fluid, the brain-substance forming only a thin shell investing the cavities. The cerebrum, however, has no connection with the tumour, from which it is separated by the tentorium, which appears to have been forced upwards and thinned. On raising this, the cerebellum is seen to have been considerably more distended with fluid than the cerebrum, its nervous matter being hardly thicker than foreign note-paper, but still presenting a laminated appearance, by which it can be recognized. There was no fluid to speak of in the cavity of the arachnoid, or between it and the pia mater; the thin walls of the cerebellum, with its pia mater and visceral arachnoid, being in pretty close apposition with the dura mater and parietal arachnoid, but easily raised or separated from them, except at the neck of the sac, with which they are evidently connected, and into which some portion of the cerebellum can still be traced.

The practical point for us to bear in mind is, to recognize these tumours, to be aware of their nature, in order that we may avoid meddling with them unnecessarily, especially as their existence is not necessarily in all cases a cause of death. M. Lallemand, for instance, found a hernia of the cerebellum in an aged woman at Salpêtrière; and in Dr. Zdzienski's case, already quoted, the patient at the time of operation was about twelve years of age, and in good health. The leading diagnostic marks are—1. The seat of the congenital swelling; 2. Its *pediculated* character; and 3. Its *colour*, which varies according to the position, being natural in the occipital region, where it is covered by the hairy scalp; whilst in front, where the skin is thinner, it may present a reddish or violet hue, giving it a great resemblance to an *erectile tumour*. It is generally soft and fluctuating; usually, but not invariably, reducible to a certain extent; whilst pulsatory movements synchronous with the pulse, as well as with the respiration, are sometimes present, but are very often absent.

The treatment must be principally negative. You must not *excise* the tumour, nor yet *incise* it. Moderate pressure with steady support will generally be of service. If there is great tension, you may perhaps evacuate some of the fluid by acupuncture; but injections, whether of iodine or of other substances, are, on the whole, more likely to do harm than good.

Tumours of the Scalp, with Absorption of the Cranial Bones. I may be allowed here to introduce a few words respecting another form of tumour of the scalp, which may also communicate with the interior of the skull, but where the bone is perforated in the opposite direction, viz., from without inwards, and which is met with occasionally in children in whom the bone is soft and absorption active. In the museum of the College of Surgeons is a frontal bone with a largish aperture in its middle line. It was sent from abroad to Mr. Prescott Hewett (by whom it was presented to the museum), with, I believe, the following history. The patient had a sebaceous encysted tumour of the forehead. This was removed; but during the operation, it was found that the frontal bone beneath the tumour had been absorbed, and the dura mater was exposed and injured. Head symptoms followed, and the patient, I presume, died, for the frontal bone is in the Lincoln's Inn Fields. Curiously enough, two cases of the same kind came under my care at this hospital within a few months of one another. In these instances, in removing the sebaceous encysted tumour from the middle line of the forehead, I found it placed beneath the occipito-frontalis, and lodged in a well-marked cup-like depression in the bone, to the periosteum of which it was adherent, especially at the bottom of the cup, where the union was very firm. On dissecting out the tumours very carefully, I discovered at the lowest part of the depression a small aperture in, or deficiency of, the bone, where the pericranium appeared to be blended with the dura mater beneath.

I have no preparation to show, because in both instances the patient recovered, though a well-marked depression was left at the seat of the operation; but I mention the cases to impress upon you the propriety of being careful in excising cysts in this situation in very early life, as you may find the bone deficient, the dura mater unprotected, and a hasty stroke of the knife might wound the membranes, and cause the death of the patient.

Though I have no preparation with *complete* perforation, here is a portion of the os frontis showing a distinct depression or fossa situated just above the orbital arch, towards its outer extremity, in which such a tumour, about the size of a small bean, and congenital in this instance, was placed. The infant dying from other causes, I was able, through the kindness of Dr. Jenner, to examine the parts *in situ*. The tumour was placed beneath the occipito-frontalis, from which it was quite distinct, appearing, when the scalp was stripped off, as a small projection from the bone, surrounded by, or imbedded in, the pericranium. The fossa or depression in which it is lodged is well-marked; but the bone in this situation is too thick to admit of any chance of its whole substance being absorbed, or of the dura mater being exposed.—*British Medical Journal*, Jan. 7, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Strangulated Hernia treated by Opium.—Dr. S. W. Noble read, a few months since, before the McLean Co. Med. Society, an interesting paper on this subject, in which he relates several very intractable cases of strangulated hernia successfully treated by full and oft repeated doses of opium until complete narcosis was produced.

"When given in this way," he says,

"opium will evidently produce a more complete relaxation of the muscular system than any other known remedy. It possesses this advantage over most other relaxing medicines: you can manipulate without giving pain. But, on the other hand, if you relax the system perfectly with tartar emetic or tobacco and apply the taxis, you cause pain in the parts which excite contraction in the muscles implicated in the hernia, which are the very ones you wish to relax. The same objection applies to chloroform, with this slight exception: the patient is not conscious of the pain, and you have not the influence of volition to contend with."

"Opium, likewise, when given in large doses, say from three to five grains to an adult, arrests vomiting, which is one of the most unpleasant symptoms, quiets the irritability of the system, and effectually prevents inflammation and mortification in the strangulated portion of the bowel. When the patient is thoroughly and permanently under the influence of opium, if the stricture is not relieved and the bowel returned spontaneously, it may be readily accomplished by a renewal of the taxis. At least that has been my experience in these cases." —*Chicago Med. Journ.*, April 1860.

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Medical Classes, Session 1859–60.—We continue this list from our preceding No., p. 59.

Lind Medical College (Chicago) . .	30
Rush Medical College (Chicago) . .	101
Shelby Medical College (Nashville) .	75
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New Orleans School of Medicine . .	216
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Medical Graduates in 1860.—We continue the list from our preceding No., p. 59.

Medical College of Ohio	32
St. Louis Medical College	52
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Massachusetts Medical College . .	32
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Cleveland Medical College	18
Lind Medical College (Chicago) . .	9
Shelby Medical College (Nashville) .	9
Medical College of Virginia	82
University of Louisiana.	113
New Orleans School of Medicine . .	63
Medical College of Georgia	62
Med. Dep. Iowa University	12

Worcester's Dictionary of the English Language.—In noticing this work in our last No. we neglected to state that Messrs. JOHN PENINGTON & SON, No. 127 S. 7th St., were the agents for it in this city.

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OBITUARY RECORD.—It is with profound regret that we record the death of Dr. CHARLES FRICK, Professor of Materia Medica in the medical faculty of the University of Maryland, which took place on the 26th of March, after a short illness, from diphtheria, in the 37th year of his age. Thus has been cut off, in the bloom of his life and in the midst of a bright career, one whose extensive professional attainments, irreproachable character, and genial social qualities had endeared him to a large circle of friends. These, with the school to which he was attached, indeed the whole profession of the country, have by his death sustained a great loss.

FOREIGN INTELLIGENCE.

Death from Inhalation of Chloroform in Lisbon.—On the 12th ult., a man of thirty was to have been operated upon, at the St. Joseph Hospital of Lisbon, for a cystic tumour of the face. Chloroform was administered by means of a piece of lint, covered with a thin strip of linen, and held at a short distance from the nose and mouth. The stage of excitement suddenly ceased, the patient turned pale and pulseless, and made a long inspiration. He drew in long breaths at more and more distant intervals until he died, just six minutes after the chloroform had been placed against his mouth. The actual contact of the lint moistened with the chloroform had hardly lasted two minutes. On a post-mortem examination, the lungs were found gorged with blood and ecchymosed, the right auriculo-ventricular orifice dilated, the aorta full of brown, fluid blood, the cerebral matter and meninges injected.—*Gaz. Méd. de Lyon et O Archivo Universal de Lisboa.*

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Discovery of the Circulation of the Blood.—The *Gazette Hebdomadaire* of the 23d instant quotes Italian verses extracted from a work of one Cecco d'Ascoli, who was born in 1257, and whose poem entitled "Acerbo" was printed only in 1476, which verses might be so construed as to contain a clear statement of the circulation of the blood as discovered by Harvey. Cecco was burned as a heretic in 1347.

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Turning.—M. **Van Eden** advises that in performing the operation of turning the child in the womb, the woman should be placed on her hands and knees, or, as he calls it, *en vache*, and for two reasons: the movement of the hand is not impeded by the arch of pubes, and the feet of the child are more readily grasped.—*Med. Times and Gaz.*, March 24, 1860.

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Double Extra-uterine Gestation.—M. **Rupin** relates, in the *Gazette de Hôpitaux*, the case of a healthy woman of thirty, who had borne two children, parturition having in both cases been perfectly normal. Towards the sixth month of a third gestation, she experienced severe pains, and a tumour was discovered projecting into the vagina. Fluid and the head of a child were distinctly felt, and, as the pressure was such as to interfere altogether with the functions of the bladder and rectum, an incision was made into the walls of the vagina, and a fœtus extracted. The mother soon sank under terrific hemorrhage.

On a post-mortem examination, the cyst, which had contained the fœtus, was found behind the abdominal walls, and before the uterus, with which organ it had no direct communication. At the fundus of the cyst lay the placenta, rather larger but less thick than usual. During the efforts made to remove it, spiculæ were felt, and finally all the bones of another fœtus were taken from the placental mass, in which they were embedded. They seemed to belong to a fœtus of four months, whilst the one which had been extracted from the cyst appeared six months old. On opening the uterus, the lining membrane was found villous, and the size of the organ rather above the normal standard. The ovary on the right side was of the ordinary size; a corpus luteum was noticed in it; and the whole of the uterine appendages on that side were perfectly healthy. The left ovary, however, was atrophied; the Fallopian tube could not be distinguished, and it appeared as if the cyst had become developed in it and on the broad ligament.—*Lancet*, April 7, 1860.

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Digestive Powers of the Pancreatic Juice.—Dr. **Corvisart**, who has paid so much attention to this subject, is prosecuting his inquiries with undiminished ardour. At the meeting of the Academy of Medicine of Paris, held on the 20th inst., Dr. Corvisart read a paper wherein are related several new experiments, which entirely confirm the views he has set forth respecting the digestive powers of the pancreatic juice. The pancreas might therefore be looked upon as an organ having, like the liver, a direct action on intestinal digestion.—*Lancet*, March 31, 1860.

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Liebig's Invalid Soup.—The following is the method of preparing this: Take half a pound of newly-killed beef or fowl, chop it fine, add one pound and an eighth of distilled water, with four drops of pure muriatic acid, and thirty-four to sixty-seven grains of common salt, and stir well together. After an hour the whole is to be thrown on a conical hair sieve, and the fluid allowed to flow through without any pressure. The first thick portions which pass through are to be returned to the sieve, until the fluid runs off quite clear. Half a pound of distilled water is to be poured in small portions at a time on the flesh residue in the sieve. There will be obtained in this way about a pound of fluid (cold extract of flesh), of a red colour, and having a pleasant taste of soup. The invalid is allowed to take it cold, a cupful at a time at pleasure. It must not be heated, as it becomes muddy by heat, and deposits a thick coagulum of albumen and colouring matter of blood. In soup prepared in the usual way by boiling, all those constituents of flesh are wanting which are necessary for the formation of blood albumen; and the yolk of egg which is added is poor in those substances, for it contains in all 82½ per cent. of water and fat, and only 17½ per cent. of a substance the same or very similar to albumen of egg. But whether it is equal in its power of nutrition to the albumen of flesh, is at least doubtful from the experiments of Magendie. Besides the albumen of flesh, the new soup contains a certain quantity of colouring matter of blood, and with it a much larger quantity of the necessary iron for the formation of the blood corpuscles, and finally the muriatic acid to assist digestion. A great obstacle to the use of this soup in summer is its liability to change in warm weather. It enters into fermentation, like sugar with yeast, but without acquiring a bad odour. What may be the substance which gives rise to this fermentation is a question well worthy of being investigated. The extraction of the flesh must consequently be made with very cold water, and in a cool place. Iced water, and external cooling with ice, completely remove this difficulty. But the most important point to be attended to is, to employ meat quite recently killed, and not several days old.—*Med. Times and Gaz.*, March 24, 1860.

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Absence of Urinary Bladder ; Enlargement of the Pelvis of one Kidney.—M. Schmidt states, *Journ. de Méd. de Bruxelles*, that a woman, aged thirty, died at the Central Hospital of the Great Duchy of Luxemburg, who presented, on a post-mortem examination, a complete absence of the bladder. The right kidney was very large, and its pelvis so increased in size, that it could contain from four to five ounces of fluid. It had evidently performed the office of a bladder. It was terminated by a very long ureter, which opened at the meatus. The left kidney was quite atrophied, and seemed to be affected with tubercular degeneration. The woman had stated that she had suffered from incontinence of urine since her twelfth year—a circumstance which can hardly be credited when the congenital defect is considered.

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Acupressure.—In an editorial in the *Med. Times and Gaz.*, March 17, 1860, it is stated that, "Acupressure is making progress. There are now known in Edinburgh 11 amputations of the limbs in which the bleeding was arrested by means of acupressure, viz., 2 of the thigh, 4 of the leg, 1 of the arm, and 4 of the forearm. Besides these there are 2 amputations of the ankle-joint or foot, several amputations of the toes and fingers, and various instances of excision of the mamma, etc. All the cases have recovered, or are in the way of recovery, and secondary hemorrhage appears to have taken place in none. The first case in which acupressure was used after amputation of the thigh, was in a patient who had spreading gangrene of the leg as the result of a machinery accident. Dr. James Struthers amputated the limb, and removed the needle which secured the femoral artery on the fourth day. In the other thigh amputation, in the practice of Mr. Crompton, of Birmingham, the acupressure needle was withdrawn in fifty-two hours. Our Paris correspondent writes as follows : 'M. Foucher, who has just been appointed to the Necker, removed a tumour from the neck of a woman two days ago. He was prepared to employ acupressure, but, with the exception of a small artery, no vessel of any consequence was wounded. This vessel was perfectly controlled by Simpson's method; the needle employed, which was substituted for a ligature, having been removed towards the termination of the dissection, and before the wound was dressed. Foucher is quite disposed to give acupressure a fair trial, and waits only a favourable opportunity to employ it in an amputation. He is pretty confident that it will ultimately supersede the ligature.'"

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Influenza and Intermittent Fever in Paris.—Influenza is at the present time unabated in Paris, and will probably continue so until the weather is less severe. A rather unusual affection has been noticed also to reign epidemically in the French capital, namely, an intermittent fever, the fits of which recur at very short intervals. It has been found that this fever resists both powdered bark and quinine, the symptoms generally giving way to a little patience, without medicine, followed by the administration of bitters. In fact, this fever has steadily resisted the usual antiperiodics, and has even been aggravated by their use. —*Ibid.*

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Insanity in Paris.—It is stated by the French press that lunacy is much on the increase in Paris. It is certain that recently a considerable number of eccentric and insane persons have publicly exhibited their peculiarities in such a manner as to call for restraint. This may be an accidental and temporary condition of affairs. Twice during the last few days the police have arrested three persons who were openly committing acts of insanity in public places. On Saturday week, three lunatics successively applied for admission at the Tuileries, seeking an audience of the Emperor Napoleon on various pretences.—*Lancet*, April 7, 1860.

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Increased Mortality caused by the Masons' Strike.—The Registrar-general of England, speaking of the increased mortality caused by the masons' strike among their families, relates the following anecdote: "The wives evidently thought their husbands in the right, and suffered with them the pangs of hunger. A relieving officer thus writes on September 1st: 'I visited this man's lodging. He was out, but his wife was in bed, with scarcely a rag to cover her, evidently gradually sinking from want. The room contained scarcely an article of furniture, and presented a most destitute, neglected, and dirty appearance. She said: We are starving, sir; we have neither fire nor food. Why, I replied, does not your husband go to work? What, she exclaimed with considerable energy, to become worse than a slave!'"—*Med. Times and Gaz.*, March 24, 1860.

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Births and Deaths in Berlin during 1859.—There were born 17,648 children, viz., 9,088 males, and 8,560 females. There were 13,049 deaths, 6,912 taking place among males, and 6,137 among females; the births, therefore, exceeding the deaths by 4,599. Among the births, 2,671 (1,385 male, and 1,286 female) were illegitimate; and 806 children (446 male, and 360 female) were born dead, 197 of these (113 male, and 84 female) being illegitimate. Twin births occurred in 222 instances, and triplets five times. There were 4402 marriages. In comparison with 1858 there were 1,060 more children born, and 323 more deaths took place. The population increased in 1859 by an excess of births over deaths by 4,599, and by an excess of immigration over emigration by 1,680, therefore, by 6,279 souls; so that, from 450,867 at the end of 1858, it rose to 457,146 at the end of 1859.—*Med. Times and Gaz.*, March 24, 1860.

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Births and Deaths in St. Petersburg and Moscow during 1858.—In St. Petersburg there were born 17,685 (9,174 male, and 8,511 female) children, while there died 19,077 individuals. This is but the repetition of an annually recurring fact that the deaths so considerably exceed the births, that the population of the capital is only kept up by immigration. The proportion of illegitimate children, too, is on the increase, and the number of marriages on the decrease. In Moscow there occurred 11,267 (5,822 male, and 5.445 female) births, and 11,703 deaths.—*Med. Times and Gaz.*, March 24, 1860.

Parisian Medical Intelligence.—Within the last fortnight, M. Bouverie, at the Infants' Hospital, has thrice performed the operation of tracheotomy for diphtheritis; and M. Barthez, of the Hôpital St. Eugénie, has operated upon two infants for the same affection.

At the last-mentioned hospital I witnessed last week an operation of resection of the right superior maxilla, by M. Marjolin. The patient was a boy, aged six years and a half, affected with fungus hæmatodes. Velpeau's method was employed, which consists in making the incisions from the angle of the mouth up to the malar bone. A saw chain was then introduced through the posterior nares, and the diseased bone sawn across below the inferior orbitar foramen; the other osseous attachments were resected by means of a small handsaw. The operation lasted twenty minutes. There was not much hemorrhage; but the poor child expired upon the operating table, I think from the shock. He cried very much before, and struggled during the operation. No anæsthetic was employed.

In the Lying-in Hospital of Prof. Dubois we had lately about twelve cases of puerperal peritonitis of a suspicious type, which have, however, all been cured by local bleeding, cataplasms, and opium.

Prof. Nélaton exhibited lately, in his clinique, a very interesting pathological specimen. As the case has an important bearing upon practical surgery, I shall state it fully. In removing a large encephaloid tumour, situated at the internal and lower part of the arm, and surrounding the brachial artery, Prof. Nélaton, while dissecting all round the artery to liberate the vessel and the median nerve, cut a small muscular trunk, which supplies the brachialis anticus, about three millimetres after its origin from the brachial. He tied this vessel just by the main trunk, which made him apprehend consecutive hemorrhage; hence he applied a "ligature d'attente" to the main trunk three centimetres above the tumour. He put the ends of the thread into a piece of adhesive plaster, and ordered the attendant, in case hemorrhage should take place, to tighten the ligature. During the first four days after the operation all went on satisfactorily, the greater part of the wound healing by first intention; but on the fifth day hemorrhage did take place; the ligature was tightened, and it was arrested. In dressing the wound daily, M. Nélaton was surprised to find that the ligature applied to the small muscular trunk kept on unusually long. He could not remove it till the thirteenth day, and there was then appended to it a gangrenous portion of the brachial artery. Thus all the portion of the artery contained between the two ligatures sloughed, and the patient recovered, with the loss of a portion of his brachial artery. The gangrene was caused by the denudation of the artery through its whole circumference, being deprived of its vasa vasorum. M. Nélaton searched in vain for any similar case on record; but in submitting the specimen to M. Robin for microscopic examination, that learned micrographer sent a description of the different disorganized tunics of the artery in question, along with the following statement: In 1842, when M. Robin was dresser at the Charité, he saw M. Velpeau removing a large tuberculous ganglion from the axilla of a man aged thirty. The tumour having surrounded the axillary artery, he dissected it all round, and the vessel was laid bare for about four centimetres. On the fifth day the man died from hemorrhage. Autopsy: Transverse rupture of the artery about the half of its circumference at its denuded portion; cellular tunic gray, pulpy; elastic coat softened, easily torn, and of a reddish-gray colour; above and below the denuded portion the artery was normal. There can be no doubt, then, that the ligature d'attente saved M. Nélaton's patient.

The principal subject of interest at the last two meetings of the Académie de Médecine was the discussion occasioned by two memoirs on iodine. One of these was by M. Boinet, entitled "Alimentation Iodée." The writer considers iodine as a preventative as well as a curative agent in all diseases where that remedy is indicated. Taking his starting point from the fact that iodine is found in the soil, in water, and in the air, he considers it as a principle necessary to animal and vegetable life; hence, it is not only a medicine, but also an aliment. Thus, where that principle is largely found in the water and in the soil, vegetation is luxuriant, and animals are robust and well developed; but, on the contrary, where it is found only in small proportion, or where it is entirely absent, we meet those diseases which depend upon general debility, as goitre, cretinism, scrofula, phthisis, &c. He therefore recommends iodine aliment (*e. g.*, to mix it with the bread) as a curative agent, and preventative against goitre, cretinism, constitutional syphilis, phthisis, and cancer (?). Its physiological action, when thus administered, is improvement of appetite, increase of vigour, &c. It never irritates the stomach or bowels. Its prolonged action, instead, as is generally believed, of producing atrophy of some organs, on the contrary, contributes to their development. The injurious effects of this agent must, according to M. Boinet, be attributed to the mode of its administration in a metalloid form, which, even in small doses, irritates the stomach and causes loss of appetite. These inconveniences can be avoided by exhibiting it in such a form as to prevent its precipitation, and to render it absolutely soluble.

The second memoir, on "Constitutional Iodism," is written by M. Rilliet, of Geneva. He admits three kinds of poisoning by iodine: 1st, *acute*, when administered in large doses; 2d, chronic, producing atrophy of the mammary gland or testicles; 3d, constitutional iodism, caused by small doses of one fifth or half a grain internally, or in the form of ointment continued for some weeks, or even months, for the cure of goitre. M. Rilliet thinks that idiosyncrasy, as well as the place, may modify its physiological action. Where there is a national deficiency of that principle, as in Geneva, the organism not being accustomed to it, the smallest quantity may produce poisonous symptoms. Thus he mentions also a case of residence at the sea coast producing constitutional iodism.

These two contradictory memoirs took the Academy by surprise. The principal statements as yet on the subject were made by MM. Ricord and Buchardat. M. Ricord is so much astonished at the effect of iodine at Geneva that he begins to doubt whether it is the same agent which renders such valuable services in France. He never administers it in larger quantities than a drachm and a half a day; but M. Puche, of the Midi, gives sometimes an ounce and a half daily, and during the last thirty years he has never witnessed any injurious effects. Constitutional iodism, which seems to be the rule in Geneva, occurs only once in a thousand in Paris. He never saw any atrophy of the mammæ. Some very rare cases of atrophy of the testicles may be accounted for in the following manner: The patient suffers from syphilitic sarcocele, and the iodine is administered too late to check its progress; hence atrophy of the testes is the result. Patients suffering from tertiary syphilis grow fat by the prolonged administration of iodide of potassium. He weighed his patients before and after taking it, and he found them invariably gaining by the treatment. Goitreous patients coming from Geneva to Paris are not affected by small quantities of iodine as they are in their own country. M. Buchardat does not see any contradiction in the two memoirs. From several experiments he made with Stuart Cooper upon the action of iodine, he thinks it a capricious agent. Its physiological action may be different in Geneva from what it is in Paris. The conclusion he draws from the observations of M. Rilliet is that constitutional iodism is prevalent where goitre is endemic. We shall hear something more about it at the next meeting.—*Lancet*, March 24, 1860.

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Poisoning.—The British public were thrown into great consternation some years since by the publication of a small volume by Mr. Accum, entitled "Death in the Pot," in which he exposed numerous adulterations injurious to health, detected by him in different articles of food and drink in common use. The progress of science has since that time fearfully extended the employment of poisonous substances, and it is now not only the food we eat and the wine we drink that is charged with poisonous matters, but the air we breathe, the snuff that is taken, the cosmetics in use, are often charged with the most deleterious agents.

A few years since, many persons in England were seriously injured by breathing the air in a room lighted by candles in the manufacture of which arsenic had been used. In our No. for March last we noticed some cases of poisoning from arsenical emanations from green paper hangings, and several similar cases are on record. Lead is said to be a common adulteration of snuff, and that many persons have suffered therefrom.

Very recently, highly injurious effects it is said, have been experienced in Paris from the use of certain cosmetics and perfumery, and that an action for damages has been instituted by a Parisian actress against a perfumer, by indisposition caused by the use of his cosmetics.

Transformation of Sugar into Inosite within the Animal Economy.—Dr. Vohl, of Bonn, relates in the *Archiv. für Phys. Heilk.* (1858), a case which demonstrates this transformation. In a patient he found that the sugar disappeared, and that inosite took its place.

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New Edition of the Works of Hippocrates.—We learn that a new and splendid edition of the father of medicine is in course of publication at Utrecht, under the auspices of the Royal Academy of Sciences of the Netherlands. The editor is Dr. Frans Zacharias Ermerins, who for many years has devoted himself to the criticism and interpretation of Hippocrates. The first volume has just made its appearance under the following title: "'Ιπποχρατους χαι αλλων 'Ιατρων παλαιων λειψανα. Hippocratis et aliorum medicorum veterum reliquiæ. Mandatu Academiæ Regiæ Disciplinarum quæ Amstelodami est edidit F. Z. Ermerins, Vol. I. Trajecti ad Rhenum." The text of this edition is in Greek and Latin, and the work is printed in quarto form, with bold, handsome types, the Greek especially being remarkably clear and beautiful. Prefixed to the first volume are a preface and copious prolegomena, in the former of which the writer explains the necessity for a new edition of the Physician of Cos, notwithstanding the labours of M. Littré, whose edition of Hippocrates, although begun in 1839, is not yet completed. —*Lancet*, Feb. 25, 1860.

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New Gas for Lighting.—It is stated (*Med. Times and Gaz.*, March 24, 1860) that superheated steam, charged with coal-tar, produces with marvellous rapidity, and at an excessively low price, any quantity of very rich gas for lighting. Careful analysis has shown it to be composed of free oxygen, 1.8; oxide of carbon, 3; carbonic acid, 5.8; bi-carburetted hydrogen, 17.8; and proto-carburetted hydrogen, 71.9. Compared with ordinary coal gas, this artificial gas is found to contain nearly one-half less oxide of carbon, and twice as much bi-carburetted hydrogen; its intrinsic value is therefore twice as great.

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Obituary Record.—Died at Manchester, March 25th, 1860, James Baird, L. R. C. S. Ed., well known by his writings on hypnotism, electro-biology, "the Power of the Mind over the Body," &c. &c.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Compound and Comminuted Fracture of the Leg and Thigh in an Aged Person; Recovery.—Although we find, as a general rule, that age tells much against recovery in severe cases of injury, yet there are oftentimes remarkable exceptions; and if they are to be noticed in any one class of cases more than another, it is in extensive and dangerous fractures. Some weeks back, a man, sixty-eight years of age, was knocked down by a cab, and run over. He was taken up and conveyed to the Charing-cross Hospital, and placed under the care of Mr. Hancock. On examining him, it was discovered that he had sustained a rather severe compound and comminuted fracture of the right thigh, and a similar injury to the leg of the same side; thus there was a double compound and comminuted fracture in the same limb. Considering the man's age, impaired strength, and the nature of the injury, some surgeons would not have hesitated to amputate above the highest fracture. He was, however, treated with bark and ammonia from the commencement, and wine. The limb was carefully put up in splints. In a little time callus was thrown out, union of the fractures ensued, the wounds healed, and he has made an excellent recovery.

This case, as well as many others which we have previously recorded, shows that much may be done to cure and to save even in advanced age.—*Lancet*, Jan. 28, 1860.

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Varicocele on both Sides; Vidal's Operation; Removal of Skin of Scrotum.—A. W., aged 25, was admitted into University College Hospital under the care of Mr. Erichsen, Dec. 14, 1859. He had never, he said, had any disease of the genital organs except

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the present, nor was there any history or appearance of varicose vein in any other situation. He suffered from indigestion, from frequent constipation, and was accustomed to walk a great deal, and to ride on horseback. His scrotum had always been relaxed. He noticed seven years ago that the veins of the scrotum on the left side were enlarged, but he found no inconvenience or pain from this until about nine months ago, when he began to have great pain after walking even a short distance. He wore a MocMain truss for three months, but was not relieved. On examination, the usual appearances and symptoms of varicocele were found on both sides, but much more on the right. The testes were smaller than natural.

On December 14, Mr. Erichsen performed Vidal's operation (ligature of the veins on a wire pin passed behind them) on the left side, chloroform having been given.

16*th*. Going on well. Very little pain. The wire was tightened to-day.

18*th*. There is to-day slight discharge from the aperture on each side of the scrotum. A large mass of induration may be felt around the wire. The general health is good.

20*th*. The pin and wire slipped out this morning. No hemorrhage followed. The induration is still increasing.

21*st*. The patient was again put under the influence of chloroform, and the veins of the right side were tied by passing a silver wire round them, and twisting the ends together. Some little pain followed this operation, but it entirely abated when the wire was removed.

January 4. The patient now walks about the ward. The induration is much decreased, and the veins do not fill when unsupported. At the request of the patient a large quantity of the loose skin of the scrotum was removed. The wound healed well. He has since been discharged, cured. —*Med. Times and Gaz.*, March 17, 1860.

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Death from the Rupture of a Varicocele.—The patient was the subject of varicocele of the left side, and received a blow on the scrotum, which immediately began to swell. He was shortly afterwards admitted into University College Hospital, with the scrotum distended to the size of an adult's head; with this was œdema of the penis and also of the scrotal integuments. The scrotal œdema appeared to be increasing, with discoloration, and altogether it seemed to be a very bad case. The case had been sent in as one of strangulated hernia, but its true nature soon became obvious. Incisions were freely made by Mr. Hill, the house surgeon, into the posterior part of the tumour, to relieve the tension and to let out the extravasation, which had produced ecchymosis and livid discoloration. A quantity of coagulated blood was thus removed, which was followed by a discharge of fresh blood, and the latter continued till the man suddenly expired. Previous to a post-mortem examination the next day, the body was injected with red size, and a large varicocele was discovered in the left side, with large, thin, distended veins, one of which had become ruptured by the blow and thus produced the hemorrhage. The case was, therefore, similar to the bursting of a varicose vein in the leg, death ensuing from loss of blood. Now, whilst the latter is comparatively of common occurrence, the former is very rare. This case, as Mr. Erichsen observed to his pupils, was like what was described by Percival Pott, many years ago, as hæmatocele of the cord, and no doubt was very similar to an example that had occurred in the same hospital a few days before, only that the swelling was much greater; the tunica vaginalis and testes were, however, quite sound, and a large quantity of blood (two pints) was extravasated in a few hours, threatening gangrene.

True hæmatocele of the cord is an equally rare disease, and arises after a strain or some violent exertion. As mentioned in Mr. Erichsen's work on surgery, "It commences in the inguinal canal, and thence extends downwards along the course of the cord, through the abdominal ring into the scrotum; but it does not surround or implicate the testis, which can be felt free and movable at it lowest part." Mr. Curling, Mr. Bowman, and others have described examples of it.—*Lancet*, March 24, 1860.

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Recent Hæmatocele.—Of the two forms of hæmatocele, namely, the spontaneous and traumatic, the latter is known to be by far the most common, and a good example of it came under observation, on the 11th of February, at St. Bartholomew's Hospital. The patient was an otherwise healthy man, who had been subject to hydrocele of the left side. This was tapped some ten days before, at the hospital, and thirty ounces of serum withdrawn, without the escape of a drop of blood. The man foolishly went to work immediately after the operation, his occupation being one requiring some exertion in connection with a newspaper, necessitating a great deal of running up and down stairs. The scrotum began to swell on the evening of the same day, and gradually continued to enlarge, till it had attained the size of a very large cocoa-nut. It was very ponderous, felt semi-elastic, and its nature was easily determined. Mr. Lawrence made a free incision into it on the 11th of February, and a quantity of dark, fluid blood spirted out with very great force, several clots remaining behind, which were turned out of the sac of the tunica vaginalis with the hand. The sac was now much smaller from contraction, and its obliteration is being slowly effected by still further contraction and granulation from the bottom. In all probability, no bad effects would have resulted could this man have remained quiet after the tapping of his hydrocele, but it is no uncommon occurrence to observe patients who have submitted to this procedure go about their ordinary avocations almost immediately afterwards.

We subsequently learnt that suppuration became established, and general contraction ensued, with closure of the wound.—*Lancet*, April 21, 1860.

LECTURE.

Lectures on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By ATHOL JOHNSON, ESQ., Surgeon to the Hospital.

LECTURE II.—CONGENITAL MALFORMATIONS (*continued*)—*Spina Bifida; its Treatment by Operation, by Collodion; by Iodine injections; Congenital Fatty Tumour of Spine; Deficiency and Excess of parts; Hermaphrodism; of the Male; of the Female.* INJURIES AND ACCIDENTS—*Foreign Bodies in Nose and Ear; Fractures; Peculiarities when complicated with Rickets; Incomplete Fractures; Traumatic separation of Epiphyses.*

GENTLEMEN: Towards the close of the last lecture, I drew your attention to certain congenital hernial protrusions from the skull, constituting *encephalocele.* In the back we find similar tumours connected with arrest of development in some portion of the spinal column, and formed by the protrusion, through an opening in the canal, of the membranes of the cord, distended with cerebro-spinal fluid. To these the name of *spina bifida* is given, and they are usually characterized by the hard and tense nature of the swelling when the patient is erect, its softness when the pelvis is raised above the head; expiration and inspiration producing frequently the same effect. As in the skull, however, the hernia is seldom that of the membranes alone; in the majority of cases, either the spinal cord itself or some of its nerves are more or less involved. Mr. Prescott Hewett, in his valuable remarks on this affection, states, "that of twenty preparations of spina bifida occupying the lumbo-sacral region, which he has examined, he has only found one in which the nerves were not connected with the sac. If the tumour corresponds to the two or three upper lumbar vertebræ only, the cord itself rarely deviates from its course, and the posterior spinal nerves are generally the only branches which have any communication with the sac. But if the tumour occupies partly the lumbar and partly the sacral region, then generally *the cord itself and its nerves* will be found intimately connected with the sac."

On the table is a specimen illustrating this fact, taken from a patient, five months old, who died under the care of Mr. Tatum. The cord and its nerves will be seen running across the cavity of the tumour to its posterior wall, where they are firmly fixed.

I need scarcely mention the importance of this connection as influencing our treatment. Numerous operations, including removal by ligature and excision, have been proposed and performed; in some cases, it is asserted with beneficial results, but in all, certainly, with great risk to life. Sir A. Cooper, it is well known, was successful in two cases; one of which he treated by simple compression, whilst in the other he evacuated the fluid by puncture with a needle, and subsequently employed pressure. Twenty-eight or twenty-nine years afterwards, the patients were alive and in good health. In both these cases, it may be remarked, the tumour was of moderate size, and seated in the loins; containing, probably, no portion of the spinal cord. With others, however, the results have not been so prosperous; and in a discussion on the subject of spina bifida at the Société de Chirurgie last October, M. Guersant stated that he had tried different operations in fifteen or eighteen cases of this kind, but had never had reason to congratulate himself on the result. Suture, excision, ligature, had been rapidly followed by death; and if puncture and compression had not been so injurious, they had not prevented his little patients from dying at last. He mentioned, however, that he never employed iodine injections. (*Gazette des Hôpitaux,* October 15th, 1859.)

In the second volume of the *Medical Times and Gazette* for 1858, will be seen an interesting collection of cases of this affection, seventeen in number. On analyzing these, I find that in two cases a ligature was applied, and both died. In six cases, the tumour was punctured or wounded, and all six died. In one case, however, the notes of which are brief and imperfect, both ligature and puncture were employed, and recovery is said to have taken place. The results of operative interference, in these cases, at any rate, are not encouraging—eight out of the nine cases having died.

In seven cases, the sac was not meddled with: of these, two died, two were cured, and three remained in good health, at the ages of thirteen, twenty-three, and thirty-two, though with the tumour still present, and of large size. The remaining case I exclude, as it appears not to have been congenital, having been first noticed at the age of twenty-six, after a confinement. I may add, that every case in which I have myself punctured the sac has, sooner or later, terminated fatally.

Should nothing then be done in this affection? An application which may be used at least with safety, perhaps with advantage, is collodion, painted over the whole surface of the tumour, and for some distance around it. In a case related in the thirty-first volume of the *Journal für Kinderkrankheiten*, this was employed from time to time by Dr. Behrend, the part being afterwards protected by an India-rubber shield; a little calomel was at the same time administered internally, on account of some head symptoms, which happened to show themselves. Absorption of the fluid took place, and the tumour contracted and finally disappeared, leaving only a hardened mass to mark its situation.

Astringents may also be applied in the shape, perhaps, of a strong Goulard lotion, especially when the integuments are thin; or the saturnine salt may be combined with the collodion; in any case, too, the tumour should be protected, but not compressed, by a kind of shield formed of some suitable material.

There is still another mode of treatment which has been specially advocated of late, and which deserves, perhaps, a further trial; I mean injection of iodine into the sac. At the discussion to which I have alluded, M. Velpeau stated that whenever he had had recourse to operations involving any loss of blood, they had always failed; but that on three occasions, he had punctured the tumour and injected iodine. Two of these patients died, but long after the operation; in one of them, the injection was renewed three times in the space of three weeks, and the iodine had not produced the least trace of inflammation. The third child, who is now six years old, was cured, and is still living, five years after the operation. In this case, five or six injections were practised in succession. After the first, the skin over the tumour, which was previously red and almost ulcerated, became more firm and less irritated; the tumour diminished, and was only of the size of a nut when last seen. The fluid injected consisted of tincture of iodine, diluted at first with two-thirds of water, the strength being afterwards increased.

In the *Chicago Medical Journal* for September (quoted in *Boston Medical Journal,* vol. lxi. p. 246), Dr. Brainard is stated to have now treated seven cases in this way; of which five are said to be cured, though one died afterwards of chronic hydrocephalus. The injections, which consisted of iodine and iodide of potassium dissolved in water, were repeated as often as was deemed necessary, the strength of the solution being gradually increased; no more of the fluid, it is remarked, should be drawn off than would correspond to the amount of injection to be introduced. After the operation, collodion is applied, and should be continued for some considerable period. The success in these instances was undoubtedly considerable; though even here, it may be remarked, two at least out of the seven patients actually died; but in truth, the cases are somewhat loosely reported, many important particulars are omitted, and their value consequently is materially diminished.

The conclusions I should draw as to the prognosis and treatment, would be these:—

1. The chances of a favourable result are never very great; and in the worst cases, where the tumour is very much distended and the deficiency of the spinal walls very considerable, where the skin is thinned, and, as it were, unravelled or on the point of bursting, or having actually burst, there is no reasonable hope.

2. Under any circumstances, the strong probability of the presence of a part of the cord or its nerves, and the fatal results of the cases in which such attempts have been made, forbid our having recourse to ligature or to excision.

3. In some cases, especially in those where the vertebral fissure is small, the tumour pediculated, and the communication with the spine limited, there is a chance of a natural cure taking place, or, at any rate, of the tumour not proving incompatible with life, if it is simply protected from external violence.

4. In treating this affection, if the tumour is of moderate size, and not enlarging, I should be unwilling, at first, to do more than apply gentle compression, by means probably of collodion, combined or not with astringents, support the part well, and protect it effectually from injury.

5. Should the tumour show a disposition to increase, I might then make a fair trial of iodine injections, though with a certain amount of foreboding as to the occurrence of inflammation of the spinal membranes. The punctures for this purpose should be made at a part where the skin is healthy and at the side of the tumour; for it is generally at the middle line that the cord and its nerves, if present, are attached. The strength of the solution, which should have been recently prepared, should be about one-sixteenth of a grain of iodine, and one-eighth of a grain of iodide of potassium to the drachm of water; the quantity, at first very small, not more, perhaps, than eight or ten drops, which might be introduced by means of the instrument now in use for injecting the perchloride of iron in cases of nævus. After the injection, pressure upon the tumour should be avoided, and if any redness or heat come on, cooling lotions may be used and collodion applied, after the inflammatory symptoms have subsided. Fresh injections should not be had recourse to, so long as any signs of inflammation remain, or till the tumour ceases to contract.

Cases of *spina bifida* are sufficiently common at the lower part of the spine to be familiar to most practitioners, who are, consequently, well acquainted with their nature. They are found, however, also higher up, in the dorsal region and in the neck, cases of which I have seen; but they occur so seldom in this situation, that they may not be recognized, and attempts might be, and have been, made to excise the tumour in ignorance of its real character. It is well, therefore, to be aware of the fact that they may be met with in these regions.

Congenital Fatty Tumour of Spine. I may, perhaps, be allowed here briefly to describe a very unusual form of congenital tumour connected with arrest of development of the posterior part of the sacrum, which came under my care at this Hospital. The patient was brought to me, three weeks after birth, with an ulcer situated on the top of an ill-defined swelling placed over the sacrum. The ulcer healed; but the swelling, which was evidently fatty in its nature, continued to increase, and caused much inconvenience by the convulsive movements in the right leg produced by any pressure upon it. I consented to operate, though with some misgiving, when the child was ten months old. It was found, during the operation, that the fatty tumour at its base extended into the interior of the sacral canal, through an opening (*due to the deficiency of the laminæ*), and was adherent to the membranes of the spinal cord; from these I dissected it off, fortunately without their being wounded, and the patient did well; the wound healed, and the convulsive movements ceased. Some time after its removal from the hospital, the child died from an accidental attack of inflammation of the bowels, when I had an opportunity of removing and examining the lower part of the spine, which is now before you. It will be seen that, in addition to the external tumour which was removed, there is a considerable fatty mass, with which the other was probably connected, extending for some distance *inside* the dura mater; this pressed upon the spinal cord, and involved the roots of the lowest spinal nerves so completely, that they seem to be imbedded in its substance. There is, moreover, a malformation of the lower sacral vertebræ, which are partly displaced and partly deficient.

The case, full details of which are published in the eighth volume of the *Pathological Transactions*, shows the care which should be exercised in operating, even on solid tumours in the spinal region, when they occur in very young children.

Deficiency or Excess of Parts. With respect to the former, though we cannot, indeed, supply the deficiency, we can generally, by surgical or mechanical means, alleviate the inconvenience. In the latter, it is often in our power to render more efficient aid, by reducing the parts to their normal proportions. On the table, for instance, is the cast of a foot with nine toes, belonging to a female child, a superabundance of which the parents and even the child herself, were desirous of getting rid. The supernumerary toes were removed, and the foot was made to match its fellow of the opposite side.

Hermaphrodism. There is another irregularity of formation occasionally brought to our notice, when, as is sometimes the case, we are called upon to determine the sex of the child. I mean *hermaphrodism.* Three varieties of this have been described—viz., apparent hermaphrodism of the male, apparent hermaphrodism of the female, and the neutral or true hermaphrodism.

The first, or pseudo-hermaphrodism of the male, may depend—firstly, on *inversio vesicæ,* the red surface of the bladder having been mistaken for the vulva. As, however, this is seated principally *above* the pubic bones, the diagnosis ought to be easy.

Secondly, it may depend on adhesion of the under surface of the penis to the scrotum, in which it is buried, so as to present the appearance of an imperforate vagina. Mr. Terry relates a case of this kind, where a child, christened and considered as a female, turned out to be a boy; the penis being easily liberated, and found to be perfect, with the exception of a slight amount of hypospadias. Wrisberg mentions two similar cases, discovered at the ages of 19 and 46.

The third, and most usual form, however, consists in a fissured condition of the scrotum, which may then present a perineal cleft bounded by two folds of integument, bearing much resemblance to the labia, especially in those cases where the testicles have not descended. The resemblance to the vulva is generally increased by the small size of the penis, which is not unfrequently imperforate, or divided on its under surface, constituting the condition termed *hypospadias.* Numerous examples of errors in assigning the sex, committed from the last cause, have been noted. Amongst the most remarkable of these, is a case related in the *Cyclopædia of Anatomy and Physiology,* quoted from Otto, where the individual "had lived ten years in the state of wedlock, with three different men; but at the age of thirty-five an action of divorce was brought against her by her third husband, who accused her of being affected with some disease of the sexual parts; that rendered the connubial act on his part extremely difficult and painful." After some consideration, it was at last decided by the Royal Medical College of Silesia, that the supposed wife was a male, and that the condition of parts was that which I have just described.

A child, 15 months old, brought to this Hospital very recently, and whom many of you may have inspected, belonged, I believe to this class of hermaphrodism, though he has been christened Elizabeth, and some unusual peculiarities were present. The extremity of the glans, which with the member itself, is of considerable size, presents in its centre a fine opening, just large enough to admit of the introduction of an Anel's probe; this opening or urethra undoubtedly leads to the bladder, for the urine is passed through it with considerable force, though in a very fine jet, and apparently with pain. The urine, however, also comes away in a much larger stream through an opening placed beneath the member, resembling a vagina, by which a catheter can easily be passed into the bladder. No direct communication exists between the two urinary passages, which are at some distance from each other. A deep groove, lined with an ash-coloured membrane, exists for some distance on the under surface of the member, passing backwards into the vagina-like opening, and ending in front in a cul-de-sac quite distinct from and below the glandular urethra. The vagina-like passage, the orifice of which was closed at birth, and was subsequently opened by a surgeon, in consequence of the straining in passing the urine, is just large enough to admit the end of a small little finger to the extent of about an inch. No uterus can be felt, and a catheter introduced along the passage at once enters the bladder. There is a considerable interval of skin and soft parts between this opening and the anus, constituting a fair sized perineum. On each side of the opening is a kind of labium, at present in a state of inflammation. On the right side can be felt, in its interior, a swelling bearing some resemblance to a testis, though much enlarged, and there is also a kind of cord prolonged from it into the abdomen. The left side is empty.

The congenital pseudo-hermaphrodism of the female consists mainly in an extraordinary enlargement or hypertrophy of the clitoris. In intrauterine life, it will be recollected, the clitoris is at first almost as large as the penis; and even at birth it is, proportionately, of considerable size. Its increase, however, afterwards is relatively slight, and at puberty it is usually not more than seven or eight lines in length. Occasionally, however, it happens that the development of the clitoris progresses as it did in the first few months of fœtal life; and the infant, nay, even the grown woman, presents an organ closely resembling that of the male. A photographic view, though not a very good one, of a case of this kind brought to me to determine the sex in a child eleven years of age, is now on the table.

Enlargement of the clitoris, which sometimes becomes three inches or more in length, is not always congenital, but may take place subsequently—too often, probably, as a result of early masturbation. If considered desirable, it may be cut or pared down; but, in this case, you must be prepared for copious hemorrhage.

Simple enlargement of this organ seldom causes much difficulty in our diagnosis even in infants. Frequently, however, it is combined with other malformations, and then the determination of the sex becomes less easy. The vagina, for instance, may be much contracted, and its orifice closed by a membranous septum; nay even the ovaries, with the Fallopian tubes, are said to have descended through the inguinal canal, presenting the appearance and sensation of the testicles. There may be, too, an indentation at the point of the glans, resembling the urethra, or even a blind canal extending for a certain distance, or a groove on its under surface, as in hypospadias. It is stated, however, by M. Marc, that the clitoris is *never* perforated by an urethra.

It will be seen, therefore, that it is not always an easy matter to decide upon the sex in the child. Even at a later age, when the parts are more developed, and when we may be assisted by the supervention of the menstrual discharge, mistakes and confusion have often occurred, and experienced observers have differed in the conclusions at which they have arrived.

There is another variety of pseudo-hermaphrodism of the female I may mention, though it is met with, of course, at a more advanced age, which depends on prolapsus of the uterus and vagina, which last becomes cuticular, and may present a certain resemblance to a penis.

For the neutral or true hermaphrodism—the *hermaphrodisia per excessum* of Rokitansky—I must refer you to the elaborate article on the subject in the *Cyclopædia of Anatomy and Physiology;* for the limited time at my disposal will not admit of my saying more at present on the subject of congenital deformities, with which, indeed, I fear I have already exhausted your patience; and yet there are numerous classes of them to which I have not even alluded—nævi and erectile tumours, for instance, which would of themselves offer abundant materials for at least a lecture. I think, however, we may fairly admit that the subject of malformations presents a wide field for surgical investigation and assistance.

(*To be continued.*)

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—Our National Medical Congress will hold its thirteenth annual session at New Haven, Conn., on Tuesday, June 5, 1860. The committee of arrangements have arranged with most of the railroad and steamboat lines for a reduction of fares for Delegates.

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National Convention for Revising the Pharmacopœia of the United States.—This convention held its fifth decennial meeting in the city of Washington on the 2d of May, 1860.

Dr. Geo. B. Wood, the president of the

convention of 1850, was called to the chair, and Dr. John C. Riley, of Washington, appointed Secretary pro tem.

A committee of five were appointed to nominate permanent officers which reported the following:—

President.—Dr. Geo. B. Wood, of Philadelphia.

Vice-presidents.—Dr. Jacob Bigelow, of Boston, and Dr. Edward Warren, of North Carolina.

Secretary.—Dr. Thos. Miller, of Washington.

Assistant Secretary.—Dr. J. C. Riley, of Washington.

Which report was adopted.

A committee of credentials were appointed, who reported the following delegates as present, viz:—

From the College of Physicians and Surgeons of Philadelphia—Dr. George B. Wood and Dr. Robert Bridges.

From the New York State Medical Society—Dr. Caleb Green and Dr. E. R. Squibb.

From the New-York Academy of Medicine—Dr. E. R. Squibb.

From the College of Pharmacy of the City of New York—John Meakim and William Hegeman.

From the Philadelphia College of Pharmacy—William Procter, Jr., A. B. Taylor, and Edward Parrish.

From the Maine Medical Association—Dr. A. J. Fuller and Dr. H. T. Cummings.

From the Connecticut State Medical Society—Dr. Gurdon W. Russell.

From the Massachusetts Medical Society—Dr. Jacob Bigelow and Dr. Ephraim Cutter.

From the Jefferson Medical College—Dr. Franklin Bache.

From the University of Pennsylvania—Dr. Joseph Carson.

From the Medical Society of the District of Columbia—Dr. Thomas Miller and Dr. William G. Young.

From the National Medical College—Dr. John C. Riley and Dr. M. S. Lincoln.

From the University of Maryland—Dr. William E. A. Aiken.

From the Maryland College of Pharmacy—Alpheus P. Sharp.

From the United States Army—Dr. Lewis A. Edwards.

From the United States Navy—Dr. George Clymer.

The Report of the Revising and Publishing Committee, appointed in 1850, was read and referred to the Committee on Auditing Accounts of the Secretary and Assistant Secretary.

It was, on motion, resolved that such members of the two houses of Congress as are medical graduates be invited to attend the Convention and participate in its deliberations.

The delegates of several medical bodies represented in the Convention were then called on for contributions towards a revision of the National Pharmacopœia, when reports were handed in from the Massachusetts Medical Society by Drs. Cutter and Bigelow; from the New York State Medical Society, by Dr. Squibb; from the New York Academy of Medicine, by the same; from the New York College of Pharmacy, by William Hegeman, and from the Philadelphia College of Pharmacy, by William Procter, Jr.

Mr. Parrish presented a report from the American Pharmaceutical Society, a body not incorporated and not represented in this society; which was received.

These reports were referred to a committee with directions to report a plan for the revision and publication of the Pharmacopœia; the committee to consist of Dr. Franklin Bache, Mr. Edward Parrish, Alpheus P. Sharp, Dr. Thomas Miller, and Dr. George W. Russell, of Connecticut.

The Convention then adjourned until 11 o'clock to-morrow.

May 3d.

At 11 o'clock the chair was taken by Dr. Geo. B. Wood, of Philadelphia, the President of the Convention.

The minutes of the meeting of the preceding day were read by Dr. Thos. Miller, the Secretary.

Mr. Procter, from the Committee on Credentials, reported the presence to-day of the following gentlemen, additional to those present yesterday: From the Delaware State Medical Society, Dr. F. H. Askew; from the Maryland College of Pharmacy, Mr. George W. Andrews; from the Massachusetts College of Pharmacy, Messrs. Charles T. Carney and Robert R. Kent; and from the New York College of Pharmacy, Alex. Cushman.

Dr. Miller, from the Auditing Committee, stated that the report of the Revising and

Publishing Committee appointed in 1850 had been examined and found correct.

Dr. Bache, from the Committee on a Plan for the Revision of the Pharmacopœia, brought in a report comprising a series of resolutions, one of which was that there should be a committee of nine (Dr. Wood to be one) to revise and publish the Pharmacopœia; also, that three be a quorum, and that the place of meeting be in Philadelphia.

On motion of Dr. Miller, the report was considered resolution by resolution, and was passed.

On motion of Mr. Meakin, it was resolved that a committee be chosen from each State and Territory represented, ten in all—to nominate eight members of the committee on revision and publication of the Pharmacopœia.

On motion of Dr. Bache, a recess of ten minutes to confer with the President on the subject of appointing the Nominating Committee was had, after which the meeting resumed, and the Chair gave the names of the Committee.

On motion of Dr. Bache, a committee of five, to be appointed by the Chair, should be charged with the duty of reporting on a plan for organizing the next convention of 1870.

The committee thus constituted consisted of Drs. Bache, Squibb, Miller, Andrews, and Carson.

A recess of fifteen minutes was taken to allow the two committees to consult and report.

On coming again to order, Dr. Askew read the report of the Nominating Committee, which proposed for the Committee on Revision and Publication of the Pharmacopœia the following gentlemen :—

Dr. Franklin Bache, of Philadelphia; Dr. E. R. Squibb, of New York; Dr. C. T. Carney, of Massachusetts; Dr. Geo. B. Wood, of Philadelphia; Dr. H. T. Cumming, of Maine; Mr. Wm. Procter, of Philadelphia; Mr. Jos. Carson, of Philadelphia; Mr. Wm. S. Thompson of Baltimore, and Mr. A. B. Taylor, of Philadelphia.

The report was accepted, and its nominations confirmed.

The committee to make arrangements for the convention of 1870 reported through its chairman, Dr. Bache, that the same rules as adopted in 1850 for the present convention be taken, by simply changing dates.

This report was adopted.

Mr. Wm. Hegeman, of New York, moved to ask an expression of the opinion of the Convention in reference to the subject of a bill now before Congress, to provide for the greater security of the medical profession and the public in the matter of importation of drugs and medicines.

Dr. Bache, whilst acknowledging the great importance of the matter, deemed it not germane to the objects of this Convention, and therefore moved to lay the subject on the table; which was accordingly done.

Mr. Meakim called the attention of the Convention to a proposition of the New York College of Pharmacy, which he embodied in a resolution, and moved—

That in the index of the Pharmacopœia, the syllables of both Latin and English names be so divided and accented that the index may also serve as a pronouncing vocabulary to the Materia Medica; which, after discussion, was adopted.

Mr. Meakim next called the notice of the Convention to its title of the "National Medical Convention," &c. &c., and moved to change to "The Pharmacopœia Convention."

Dr. Bache proposed merely to strike from the present name the word "Medical;" which was put to the vote and carried unanimously.

So the Convention will be called "The National Convention for Revising," &c. &c.

On motion of Mr. Procter, a contribution was then made by each of the members present, to defray the expenses of the Convention.

The President took the opportunity to explain that the vote on the resolution of Mr. Meakim was merely a recommendation to the Committee on Revision and Publication, and not an instruction.

Mr. Procter spoke in favor of having a low-priced edition of the Pharmacopœia for more general distribution among pharmaceutists, which would do much to insure uniformity of preparation of medicines, &c.

The subject was discussed by the President, Dr. Bache, and Mr. Procter, when the matter seemed to be remitted to the discretion of the Committee on Revision, who were stated by the President to be always anxious to furnish an edition at the lowest price at which it could be done.

Dr. Parrish introduced the subject of

uniformity of weights and measures by the medical profession and by the apothecaries of the country. He advocated making the avoirdupois ounce the standard of weight, as was advocated in England.

The President thought the Convention could not discuss this subject with profit in the short time allotted to it.

Mr. Meakim thought it best to begin now if anything was to be done in the future.

Dr. Bache called up Mr. Taylor, of Philadelphia, who had written with much learning and effect on this subject.

Mr. Taylor then addressed the Convention in advocacy of abolishing the Troy and avoirdupois scales now in use, and substitute the grain as the unit for all weights less than a pound avoirdupois, beyond that he would use pounds. He would also do away with the Roman symbols, and use the common Arabic figures. He thought this better than the plan now proposed in Great Britain.

Dr. Squibb read an extract from the united proceedings of the New York Academy of Medicine and the New York College of Pharmacy on this subject.

Mr. Parrish advocated the abolition of the present anomalous weights, and was in favour of the avoirdupois ounce and pound.

Mr. Procter also favoured the avoirdupois measure as the only one to be used.

Dr. Bache thought it better, for the sake of uniformity, to wait the action of the British commissioners on the subject of the consolidation of the London, Edinburgh, and Dublin Pharmacopœias into a British Pharmacopœia. He was himself against changing the Troy grain, and hoped the British commissioners would not. He preferred the French system of *grammes* and *centigrammes*, doing away the *decigrammes;* but as there was little hope of this system being adopted in Great Britain, it would be best to wait and see what was done there before we act.

Mr. Meakim advocated the "grain" standard.

Mr. Parrish preferred the ounce.

Mr. Procter said that even in France now, in many of their best works on pharmacy, they reject the decimal division and go back to the old ante-revolutionary measures.

The subject of weights and measures was then dropped.

After a vote of thanks to the President, the Secretary, and Assistant Secretaries, the Convention adjourned *sine die.*

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Medical Society of the State of Pennsylvania.—The twelfth annual session of the Medical Society of the State of Pennsylvania will be held in this city, on Wednesday, the 13th day of June next, at 11 o'clock A. M., at the Assembly Buildings, S. W. corner of Tenth and Chestnut Streets, entrance on Tenth Street.

The Committee of Arrangement and Reception, appointed by the Philadelphia delegation, are busily engaged in making the necessary preparation for extending to our professional compeers from the different sections of our commonwealth, a hearty welcome, and the usual hospitalities of the city. Admission to our various literary, scientific, and charitable institutions will be procured, and, we understand, private receptions by members of the profession will be given on Wednesday and Thursday evenings. The afternoon of Thursday, it is proposed to devote to an inspection, by invitation, of the new and admirably constructed building of "the Pennsylvania Hospital for the Insane," located in West Philadelphia, and under the superintendence of Dr. Kirkbride. Nothing else in regard to the "programme" has as yet transpired.

On Tuesday afternoon, from 4 to 6 o'clock, and on Wednesday morning, after 9 o'clock, the committee will be in attendance at the Assembly Buildings, where delegates are requested, on their arrival in the city to call, present their credentials, register their names, and receive their cards of membership.

The following is a list of the delegates from the Philadelphia County Medical Society:—

Drs. G. Emerson, D. F. Condie, S. Chamberlaine, N. L. Hatfield, H. E. Drayton, John Bell, H. St. Clair Ash, W. D. Stroud, W. H. Hooper, J. Da Costa, W. Jewell, J. J. Levick, Squire Littell, H. Hartshorne, A. C. Bournonville, B. H. Coates, M. M. Levis, W. Darrach, A. L. Kennedy, D. Gilbert, W. H. Gobrecht, James Aitken Meigs, W. L. Johnson, W. B. Page, John F. Lamb, S. D. Gross, W. L. Knight, W. B. Atkinson, A. Nebinger, J. J. Woodward. Wm. Mayburry, D. D. Clark, Wm. Hunt, A. Frické, Washington L. Atlee, W. Gallaher.

The *ex officio* delegates from this city are

Drs. Joseph Carson, R. P. Thomas, and L. Curtis.

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Medical Service, United States Navy.—The Naval Medical Board, which convened at the Naval Asylum, Philadelphia, March 1, to examine assistant surgeons for promotion, and candidates for admission into the medical corps of the Navy, adjourned *sine die* May 5th.

Assistant surgeons: Daniel B. Conrad, James Laws; Francis L. Galt, John S. Kitchen, Albert L. Gihon, John Vansant, Edward R. Denby, and Wm. M. Page were found qualified for promotion.

From among the many competitors for admission into the medical corps, the following were selected and classed to be appointed assistant surgeons in the navy as vacancies occur in the course of the year:—

No. 1. James E. Lindsay, of N. C.
2. Henry F. McSherry, of Va.
3. John J. Gibson, of Ill.
4. Osborn S. Inglehart, of Md.
5. Samuel J. Jones, of Pa.
6. Robert R. Gibbes, of S. C.
7. Joseph W. Shively, of Ohio.

A similar competition or *concours* takes place yearly, at about the close of the lecture season. Admission to it may be obtained by applying to the Secretary of the Navy, who will no doubt furnish any needful information on the qualifications necessary to be admitted a candidate.

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New Law in Pennsylvania in relation to the Sale of Poisonous Drugs.—The following section of the new Penal Code, passed by the Legislature last winter, is of great importance to those who deal in drugs of any kind which are used as poisons: "No apothecary, druggist, or other person, shall sell or dispose of by retail any morphia, strychnia, arsenic, prussic acid or corrosive sublimate, except upon the prescription of a physician, or on the personal application of some respectable inhabitant, of full age, of the town or place in which such sale shall be made. In all cases of such sale, the word *poison* shall be carefully and legibly marked or placed upon the label, package, bottle or other vessel or thing in which such poison is contained; and, when sold or disposed of otherwise than under the prescription of a physician, the apothecary, druggist, or other person selling or disposing of the same, shall note in a register, kept for that purpose, the name and residence of the person to whom such sale was made, the quantity sold and the date of such sale. Any person offending herein shall be guilty of a misdemeanor, and, on conviction, be sentenced to pay a fine not exceeding fifty dollars."

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Dinner to Dr. Geo. B. Wood.—A complimentary dinner was given at the Academy of Music, on the 6th of May, to Dr. Geo. B. Wood—who has recently resigned his Professorship of the Practice of Medicine in the University of Pennsylvania, and is soon to go abroad, to remain there some time—by a large number of his professional friends, in testimony of their respect and esteem for him personally, and of their estimate of the value of his labours to elevate the characters of the profession, and to extend the bounds of our science. Certainly, no one in this country has better earned this compliment from his professional brethren.

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New Protestant Episcopal Hospital.—The corner-stone of this Hospital, situated at the corner of Lehigh Avenue and Front Street, Philadelphia, was laid on Thursday afternoon, May 24, in the presence of a large assemblage. Addresses were delivered by the Rt. Rev. Bishop Potter, Dr. Caspar Morris, and Dr. Mullenberg.

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University of Maryland.—Dr. Wm. A. Hammond, Ass't Surg. U. S. A., has been appointed Professor of Anatomy and Physiology in place of Dr. Roby, who has resigned in consequence of ill health; and Dr. Edward Warren, of Edenton, N. C., has been appointed Professor of Materia Medica and Therapeutics, in place of the late Dr. Charles Frick.

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Medical College of the State of South Carolina.—The class in attendance on the lectures for the session of 1859–60 amounted to two hundred and forty-nine students, and the degree of Doctor of Medicine was conferred at the annual commencement upon one hundred and fifteen candidates.

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Mobile Medical College—The Legislature of Alabama have made an appropriation of fifty thousand dollars to this institution.

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New Orleans School of Medicine.—A number of changes have been made in this school. Dr. Austin Flint, Jr., has been appointed to the chair of Physiology and Microscopic Anatomy; Dr. Peniston has been transferred from the above mentioned chair to that of Anatomy, and its former incumbent, Dr. Beard, has been appointed Professor of Surgery and Surgical Pathology. A chair of Clinical and Operative Surgery has been created, which has been filled by the election of Dr. Choppin.

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Georgia Medical and Surgical Encyclopedia.—This is the singular title of a monthly journal published at Sandersonville, Geo., under the editorship of Drs. H. N. Hollifield and Tom. W. Newcome, the first No. of which appeared in May of this year. It will be but reasonable to expect that a medical school and a rival journal will in due course follow. We wish our new cotemporary all the success its merits may deserve.

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The Peninsular and Independent Medical Journal.—In the March number of this Journal, we are sorry to find the Valedictories of the Editors and Publishers. The latter state "that when induced to undertake the publication of the consolidated Journals, two years ago, they hoped by effort, to make it at least self-supporting, if not remunerative.

"The results have proved contrary to these expectations, and the outlay the past year has been so much larger than the receipts, that we deem it unadvisable to continue its further publication."

FOREIGN INTELLIGENCE.

Condition of the Interior of the Eye as seen by the Ophthalmoscope in an Impaired Vision from Blows.—For several months Mr. Haynes Walton has submitted to a careful ophthalmoscopic examination every case that has presented itself to him of defective sight from a blow on the eyeball; and in all there have been marked physical changes that could be directly pointed to as disturbing sight. The fact is, so far as it goes, in opposition to the idea of concussion of the retina, by which was meant some functional derangement, to which the result of these accidents used to be attributed.

Lesion was noticed in all. In the majority, there was more or less detachment of the retina, probably from effusion of blood. The degree of loss of sight was in proportion to the area detached. Less frequently, there was blood effused into the vitreous body. Once the lens was partially displaced backwards, but retained its transparency. The detachment of the retina is, of course, irremediable; effusion into the vitreous body admits of recovery in a remarkable degree; and, even where there has been so much effusion as to prevent illumination of the eye, perfect vision may be restored. This shows how useless it would have been in any of these cases to institute the routine of a mercurial course, which certainly would have been resorted to prior to the ophthalmoscope.

Very few of the patients were submitted to any treatment, because of the lapse of time between receiving the injury and their application at the hospital. Mr. Walton's plan of treatment, in any recent case in which there is diminution of sight, or pain, attendant on the accident, consists in rest of the eye, and cessation from all activity of the body, the local application of cold, and, if there be very much pain, of opiates, and perhaps even leeching, or cupping to the temple. With this he enjoins regulations of a general kind as regards diet, the avoidance of stimulants, etc.

Wounds and blows about the forehead and circumference of the orbit, which do not touch the eyeball, may be followed by blindness; and many theories have been advanced to account for this. It has been supposed that the nutrition of the eye has suffered through some injury to the branches of the fifth nerve. Mr. Walton suspects that here the eye suffers from the same lesions as in direct injury, although, up to the present time, he has had but one opportunity of making an examination.

A workman, in middle age, was severely struck on his forehead, just over the left eyebrow, six years ago; and quickly lost all useful sight. He could not exactly say how quickly it went, as his memory did not serve him; but it was a direct consequence, and, when the swelling of the brow and the ecchymosis had passed away, the eye was useless. It would be difficult to name any method of treatment that had not been tried; for the man had been to most of the general hospitals in London, and to several of the special ones. He could not read type of any size, but could just count his fingers when they were held up against the light. There was no objective symptom whatever; and therefore it was impossible, from a mere external survey of the eye, to say what was at fault. Mr. Walton directed the pupil to be dilated, and then used the ophthalmoscope. Detachment of the retina was at once discernible in a cloudy whiteness at the fundus of the eye, instead of the natural bright red colour of the choroid. The focussing of the instrument, too, failed to show the optic disk, or any parts in detail; instead of these, there appeared the uneven white cloud with a few vessels, not very definite, in irregular arrangement. Here was, of course, an irremediable injury from the first; and far better would it have been for the patient, and more to the credit of surgery, had this been at once made out. —*British Med. Journ.*, Aug. 13th, 1859.

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Cephalotripsy without Traction versus the Cæsarian Operation.—M. Pajot, professor of clinical obstetricy at the Paris Faculty, has just substituted the former for the latter operation, in a case where, from rickets, the antero-posterior diameter measured but one inch and two-thirds. M. Pajot considers that the danger of cephalotripsy consists in the tractions which are generally made after the head is broken up, as points of bone easily tear the soft parts of the mother. He is in the habit of crushing as completely as possible, and then leaving the uterus to expel the fœtus by its contractions. This method is even carried out as regards the body of the child. In the present case the success was complete.—*Lancet*, April 21, 1860.

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Origin of Vaccine Virus.—M. Depaul, in a report to the French Academy, has carefully investigated the origin of vaccine virus. The questions he had to answer were: Is the cowpox a disease which has been spontaneously developed in the cow? Or is it the result of an accidental inoculation made with the discharge from the legs of the horse? Or, again, will these two diseases, independently the one of the other, produce a liquid which, when inoculated in the human subject, will preserve him from the smallpox? M. Depaul finds that the first of these hypotheses is the only probable one.—*Med. Times and Gaz.*, April 28th, 1860.

Acupressure for the Arrest of Hemorrhage.—At a late meeting (April 24th, 1860) of the Royal Med. and Chirurg. Society, Mr. Syme, of Edinburgh, in reply to a question by Mr. Henry Thompson, said that acupressure was not, in his opinion, calculated to improve the practice of surgery. In the first place, he did not think the objections alleged against the ligature were fully justified; in the second place, if the ligature were objectionable they had a better substitute for it in torsion than in the needle process; thirdly, he thought the needle process was hardly practicable, and in some cases not practicable at all. It had been said by the proposer of the method that the ligature would occasion gangrene. That simply showed that the individual who proposed it did not know the meaning of surgical language. As to ligatures causing irritation, that assertion was not true. He had repeatedly tied the femoral, and left the wound to heal by first intention, there being only a few drops of matter, and in one case not a drop, showing that the ligature was not the cause of irritation. He had given up the practice of cutting away one thread, always preserved both; and he regarded ligatures rather as useful assistants than as obstacles. After amputation, the great impediment to union by the first intention was the presence of blood, which coagulated, and led to the formation of abscess. The ligatures prevented this, made way for the discharge, and did good rather than harm. But if ligatures were sometimes objectionable, the process of torsion was a convenient substitute, the success of which he had repeatedly seen. As to acupressure, it could very rarely be employed; and his only surprise was that any practical surgeon should have given it two thoughts. It was a tub thrown out to amuse the whale, more especially to feed the whale, and would never have been heard of had it not been brought under the notice of the profession by a medical journal published in London, understood to be under the control of the proposer.

Mr. Spencer Wells said he should not notice the personalities with which Mr. Syme concluded his speech; but with regard to acupressure he thought it but just to say that he had employed that method in a case of Pirogoff's amputation at the ankle-joint, in which the needle was fairly pitted against the ligature. The anterior tibial artery was compressed by the needle, and a plantar branch of the posterior tibial was tied by a ligature. The superiority of the needle was most marked. In forty-eight hours Mr. Adams, whose case it was, removed the needle, and there was no more trouble about it. The ligature remained some five or six days afterwards, setting up suppuration in its track, and keeping open the wound in the manner which Mr. Syme appeared to think so favourable (the patient thought otherwise), but which certainly delayed the cure. The case would have been better treated if it had been easy to compress the posterior tibial artery in the same manner as the anterior tibial, if he had not to learn the A B C of acupressure, as all must do. There might be many cases in which the needle is not applicable; but he believed if he had known then what he had learned since, he might have been able to compress the plantar artery as easily as the other. So far from the introduction of acupressure exhibiting any want of surgical knowledge on the part of the gentleman who proposed it, he believed it to be one of the many gifts, including the introduction of chloroform, for which surgery is indebted to that great man. Mr. Wells further expressed his conviction that acupressure will prove a most useful means of suppressing hemorrhage, and he had learned its utility in compressing varicose veins. He believed also that it will hereafter supersede the ligature in the treatment of aneurism. With regard to the effect of the ligature upon the ends of divided arteries, every surgeon knew that the part of the artery beyond the ligature must be killed by it, and that a piece of sloughy tissue cannot do any good when confined amid the living tissues of the body, however useful Mr. Syme might consider it to be.—*Med. Times and Gaz.*, May 5, 1860.

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Quinine and Digitalis.—M. Seyre confirms, from a successful trial in his own case, the accounts given some time ago by M. Debout of the great utility of a combination of digitalis and quinine in the treatment of migraine. Sulphate of quinine, forty-five grains; powder of digitalis, twenty-two grains; syrup, sufficient to make thirty pills. One of these is to be taken every night for at least three months, their first effect being seemingly to augment the severity of the affection.—*Ibid.*, May 12, 1860, from *Bull. de Thérap.*

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Tincture of Iodine in Phlebitis Externa.—In this paper Dr. Spörer, of the Marien Hospital, St. Petersburg, gives an account of the great advantage he has derived in cases of *phlebitis externa* from applying the pure tincture of iodine over the inflamed lines of veins, extending it to an inch or two on either side. The application should be made in a very thorough manner, so as to lead to the penetration of the tincture as much as possible; and at first it should be repeated every two or three hours. He has in numerous cases met with a surprising amount of success, extensive venous inflammation extending on to the axilla or inguinal region, giving way. He cites cases of phlebitis produced by venesection, abscess, phlegmon, etc., which in this way have been effectually and rapidly cured.—*Ibid.*, from *Med. Zeitzung Russ.*, 1859, No. 20.

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Chloroform in the Reduction of Prolapsus Ani in Children.—Dr. Gunther, alluding to cases of prolapsus in children, in which a large portion of the gut descends, and is, on account of the resistance of the child and the tenesmus, retained with difficulty, and kept up with still greater difficulty, points out the advantage which attends, under these circumstances, the administration of chloroform. If sufficient air be admitted into the room, and ammonia and cold water be at hand, there is no danger to be feared from the induction of the anæsthesia.—*Ibid.*, from *Varges Zeitschrift*, bd. xii.

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Losses sustained by Armies.—M. Meyne, a surgeon in a Belgian regiment of artillery, in a recent work on medical statistics, makes some interesting statements upon this point. He says that an army of 100,000 men, by the sole fact of having entered on a campaign, *i. e.*, leaving out the influence of epidemics and battles, will have 10,000 men in hospital. At the end of some months, if there has been engagements, and the number of patients increase, as is usual, we must count upon a third being placed out of service by disease. During the first fifteen years of the occupation of Algeria by the French, one-eleventh part of the forces were carried off by disease, and a 265th part only by casualties of war, *i. e.*, 23 times as many.

Of the 115,000 Russian soldiers who invaded Turkey in 1828–9, but from 10,000 to 15,000 repassed the Pruth, the rest succumbing to fever, dysentery, and pestilence. During the Peninsular wars, of 25,000 French, 3,000 perished on the road from Bayonne to Lisbon either from fatigue or the scorching sun of 1808. The English army, during a period of forty-one months, of an effective force of 61,500 combatants, lost 21,930 by disease, and only 8,889 by the casualties of war. The losses of the French during the Crimean war were 16,000 deaths by the accidents of war, and 53,000 by disease, *i. e.*, 16 to 53; and the proportions were much the same for the Sardinians and the English.

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Case of Opium-Eating.—Dr. Kozieradzki relates a remarkable case he was called to. A lady, aged 30, had been treated, when thirteen years old, for a painful affection of the heart, by abundant bloodletting and other antiphlogistic measures without relief. She only obtained ease by taking opium, which from doses of ½ grain was gradually increased in quantity to 30 grains, so that at last 200 grains were taken daily. Besides the opium, the bleedings were continued, having been repeated fifty times in the course of twenty years. After a while, epileptic attacks were conjoined to the cardiac affection. During the latter years she had kept on increasing the dose, and had substituted the acetate of morphia for crude opium, taking four grains several times a day, so as to consume an ounce of morphia. These facts were stated to the reporter by her friends, and he saw her take two of the four-grain doses of the acetate. She had a prematurely-old appearance, was deaf of one ear, and had lost almost all her teeth. The menses were scanty; but her sleep, appetite, and all the evacuations were normal. She at last found the obstacles to procuring the morphia so considerable, that she had to pass twenty-four hours amid cardiac pains and faintings without opium; and when next day her ordinary four-grain dose was brought her, she was seized with a convulsive attack, and died. The editor refers to the case of a physician who took a scruple of opium at a dose daily for many years on account of cardialgia.—*Med. Times and Gaz.*, May 5, from *Med. Zeit. Russlands*, 1859, No. 25.

Solubility of Quinine.—M. Calloud, of Chambéry, as the result of his investigation as to the substances best calculated to aid the solution of the sulphate of quinine, has come to the conclusion that this is remarkably favoured by sal-ammoniac, nitrate of potass, or chloride of sodium, and especially by sal-ammoniac.—*Ibid.*, from *Bull. de Thérap.*

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Adjudgment of the Prizes of the Academy of Sciences for 1859.—The Montyon Prize for Experimental Physiology (Committee: MM. Flourens, Milne-Edwards, Rayer, Serres, and Claude Bernard, reporter), has been adjudged to M. Pasteur for his "Researches on Fermentations," viz., those of alcohol, lactic acid, and tartaric acid. "M. Pasteur regards the chemical phenomena of fermentations as always correlative with the vital phenomena of organization and development which take place at the same time in the organized ferments which possess the property of exciting them. The committee is of opinion that in thus pursuing the physiological study of ferments in the direction chosen by the author, a new light may be thrown on a series of organic fermentations related to the phenomena of nutrition and histogenesis." Honourable mention is also accorded to M. Ollier, for his Experiments on Transplantation of the Periosteum. 2. The Montyon Prize for Medicine and Surgery. (Committee: MM. Serres, Velpeau, Rayer, Jobert, Cloquet, Andral, Duméril, Flourens, and Claude Bernard, reporter.) "The memoirs and works sent in to compete for the prize are placed in two categories. Those are reserved for the prize only which indicate a discovery of importance, or the introduction of a new fact into science; while honourable mentions only are accorded to those works which, without accomplishing the objects just named, yet contain researches that are of utility to medicine and surgery, because they contribute to the perfection of practice, or present new solutions of theoretical questions not yet decided. This year the committee has not been able to award the prize, but makes the following honourable mentions:" (1.) A mention, with 1500 francs, of M. Behier's "Studies on Puerperal Fever." "Physician to the obstetrical department of one of the large hospitals of Paris, M. Behier has collected 1200 cases of puerperal fever, 85 terminating fatally.

In all but one of these cases, he has found uterine lesion, consisting in suppurative phlebitis either of the periuterine veins or of the veins constituting a species of erectile tissue of the cervix uteri. In his opinion, the disease is primarily a local condition setting out from the morbid uterus, and becoming generalized by the veins in the form of purulent infection, this, in severe cases, constituting the essence of the affection. He has also indicated an important point in diagnosis, hitherto unperceived, viz., the existence of a painful swelling of the uterine appendages in women, who then appearing to ail but little, yet afterwards will exhibit serious symptoms. This sign, present when there is neither fever or other symptom of consequence, is of great utility in at once indicating to the practitioner the mode of treatment he should employ." (2.) A similar mention and sum have been accorded to M. Gallois, for his Researches on Oxalate of Lime in the Urine and in Urinary Sediments and Calculi. "It results from M. Gallois's observations that the excretion of oxalic acid considered by various authors as a special morbid condition, and denoted by the term *oxaluria*, is really a morbid phenomenon which may be observed in a great number of affections. It is observed oftenest in dyspepsia, spermatorrhœa, and affections of the spinal marrow; and it is by no means uncommon to find in urinary sediments crystals of oxalate of lime in phthisis, in chronic rheumatism, and in gout, although uric acid is that oftenest found in the urine in this last affection. Comparing a large number of analyses of urinary concretions, M. Gallois has remarked that the oxalate is very frequently allied with uric acid or the urates; and this coincidence, which is also often met with in urinary sediments, has led him to believe that oxaluria is sometimes due to a modification of the morbid dispositions which lead to the excretion of crystallized uric acid. He has also demonstrated the important facts, that the best mode of terminating the excretion of oxalic acid is to administer alkaline mineral waters." (3.) M. Giraud-Teulon's work on "the Principles of Animal Mechanics," in which an elaborate investigation of the various questions of animal mechanics is entered into, has met with the same reward. (4.) Professor Luschka, of Tubingen, has published an important work on "the Semi-diarthroses (*Halbgelenke*) of the Human Body." "It is a work on human anatomy, executed with very great care. The author observes that the semi-diarthroses are met with on the mesial line, viz., those of the spinal column, the pubis, the junction of the first piece of the sternum, etc. He examines the mode of development of each of these joints, and elucidates, by means of numerous microscopical observations, various obscure points with respect to the structure of ligament, fibro-cartilage, and the synovial membranes. He has described with greater care than any of his predecessors the ligamentous bands of the sacro-coccygeal and the costo-vertebral articulations; and he has made known a disease of the articulations of the bodies of the vertebræ, which does not seem to have been previously indicated, and which consists in small, lobulated tumours which spread from the middle of the posterior surface of the articulation of the body of the vertebræ into the spinal canal. Considering it as an excellent anatomical monograph, the Committee awards the mention with 1500 francs." (5) The same has been decreed to M. Le Gendre for his work on "Some Rare Varieties of Inguinal Hernia;" and (6.) to M. Marcé, for his work on "Puerperal Insanity." The Bréant Prize (Committee: MM. Andral, Velpeau, C. Bernard, Cloquet, Jobert, and Serres, reporter) for a discovery of a cure for cholera still remains unadjudged, notwithstanding the claims of fourteen competitors. "The great bulk of the memoirs are simple letters containing medicinal formulæ, all, according to their authors, infallible remedies, and all destitute of practical observations or rational deductions."

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Obituary Record.—Died at Stockholm, on the 18th of April, 1860, after a few days' illness, Andreas Retzius, Professor of Anatomy and Physiology in the Royal Carolinian Institution, in the sixty-fourth year of his age. Sweden has lost in him one of its most honoured men. As an investigator, he had the good fortune of seeing all his numerous discoveries included in the system of science, and as a teacher few equalled him in the fervent interest with which he watched over the progress of his pupils, and in the bold, clear, vivid originality of his instruction and diction.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Good Effects of Blisters in Wrist-drop from Saturnine Disease.—We have frequently observed, at St. Bartholomew's Hospital, in patients under the care of Dr. Farre, the good effects, in chronic rheumatism, of blistering the joints, combined with other and constitutional treatment. In most of these cases the relief to the pain is very great, but it is necessary to repeat the blistering to render its results the more permanent. We might cite several examples in illustration; but our desire is to draw attention to the same plan of treatment in wrist-drop from lead poisoning, especially as its immediate benefits are very decided. A man was admitted into the hospital with complete loss of power in the extensors of both hands from the causes mentioned. Dr. Farre ordered (besides internal treatment) a blister to be applied to the back of one hand and arm, and iodine ointment to the other. The rising of the blister had the effect of immediately permitting the patient to use the fingers of that hand with considerable increase of power, whilst no effects were produced upon the hand which had the ointment applied to it. The latter was discontinued, and a blister substituted with an effect similar to that in the other hand. Notwithstanding this speedy result, however, Dr. Farre observes that sometimes the iodine is more successful than blisters. The value of blisters in such cases is undoubted.—*Lancet*, May 19, 1860.

Bicarbonate and Nitrate of Potass in Rheumatism.—The good effects of the bicarbonate of potass in rheumatism have been proved to be of the most valuable character, and it is now constantly prescribed. The benefit is more apparent when the symptoms

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are acute, but is also observable in chronic instances of the complaint. In some of the latter, however, it is not well marked, and some other remedy must be relied upon, such as another salt of potass, the nitrate for example, long celebrated for its curative powers in rheumatism. We examined a female, forty-one years of age, on the 8th of February, who had been admitted into University College Hospital under Dr. Parkes' care, some three weeks previously, with a rather sharp attack of subacute rheumatism, affecting the joints of the body generally. For this she was carried into the ward and placed in bed. This was her seventh attack, and the disease had to some extent become chronic. There was a strong mitral regurgitant murmur, but no other indication of cardiac mischief. She was treated by the bicarbonate of potass for some days with benefit. This was then discontinued, and recourse was had to the nitrate of potass, with the effect of removing the general severity of the symptoms, and at the present time she is much improved in every way. Dr. Parkes observed that the bicarbonate was not, perhaps, so useful in the subacute or chronic forms of rheumatism as in the decidedly acute examples of the disease. It is quite probable that this patient may have been previously treated by this salt of potass, with good results, in some of her previous attacks, and this might account for its proving now of but partial benefit.—*Ibid.*

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Sulphate of Cinchonia as an Antiperiodic.—M. Nonat, physician to the Charité Hospital of Paris, instituted, a short time since, experiments to ascertain the value of this salt in ague. He gave the remedy in severe cases, also in some which had been marked with relapses, and where the spleen had attained a large size. The doses varied from twelve to fifteen grains per diem; the time taken up by the treatment being from eighteen to twenty days, and the amount of the salt consumed in each case ranging from about three to six drachms. The result of these experiments can be shortly stated to be that the sulphate of cinchonia really possesses febrifuge properties; but that being weaker than the disulphate of quinia, it should be given in larger doses than the latter. When the sulphate of cinchonia fails, it should be combined with, or entirely superseded by, the sulphate of quinia. The former salt should never be used in the pernicious intermittents.—*Ibid.*, June 9, 1860.

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Paralysis of Portion of the Forearm from a Wound of the External Musculo-Cutaneous Nerve in Venesection.—A sister of charity, thirty-eight years old, was bled two years ago in the left arm, the median cephalic being opened. At the time of the operation she felt severe pain, which lasted more or less for fifteen months. At the end of this period symptoms of paralysis were observed, this being principally seated in the thumb, the index, middle finger, and the ball of the thumb, the ring and little finger being free. The case has been brought before the Surgical Society of Paris, by M. Vinatier, who had endeavoured to allay the pain by subcutaneous injection of atropia, and to control the paralysis by electricity. M. Robert, who has brought in a report upon the case, thinks that the spot where the nerve was punctured should be destroyed by chloride of zinc, and a general tonic treatment tried. Various cases of the same kind were mentioned by members of the Society, in which narcotics had allayed the neuralgia, and removed the paralysis.—*Ibid.*

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Popliteal Aneurism; Digital Compression; Coagulation obtained in less than forty-eight Hours.—The *Gazette des Hôpitaux* publishes the following case: A man, forty-eight years of age, was admitted on the 11th May into the Hôtel Dieu, under the care of M. Laugier, with popliteal aneurism of the size of a turkey's egg. He was subjected to digital compression of the main trunk for seventy-two hours without interruption. The first twelve hours caused in the tumour concentric indurations depending on the formation of clots. After forty-eight hours the tumour was almost universally hard; and from the seventy-second hour, compression, instead of being continuous, was carried on intermittently every quarter of an hour. After eighty hours, only a slight pulsation at the upper part of the tumour was felt, without any expansion; it was very hard, and seemed quite solid.

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Anterior half of the Tongue nearly bitten off.—A case of a somewhat unusual injury to the tongue was admitted into the Royal

Free Hospital on the 3d of March. The subject of it, a young man twenty years of age, was standing with his tongue out of his mouth near the end of a cart, when the vehicle, suddenly tilting, came in such violent contact with his chin as to cause the teeth to close upon the tongue, whereby the whole anterior half of it was nearly bitten off. When brought into the hospital, the bitten part was hanging, as it were, by a mere shred; and, hopeless as it seemed, an effort was made by Mr. Gant to save it. After arresting the hemorrhage, which had been most profuse and very difficult to stop, three interrupted sutures were applied above and three below, the separated parts of the organ being adjusted as neatly as possible. Some little inflammation and swelling followed, as was anticipated; but when we were first shown the case on the 5th of March, union by the first intention seemed to be pretty general. Subsequently, a firm connection appeared to be established, and the man was discharged well; but there was not the same perfect sensation on the right as on the left side of the organ. It was on the latter that complete separation had not ensued at the time of the accident. This case is a practical illustration of how much may be done to save parts in very bad and apparently almost hopeless cases. —*Lancet*, May 19.

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Treatment of Fractured Patella by Malgaigne's Hooks.—There are many surgeons who deny that fracture of the patella ever heals by bony union, and they assert that it is always ligamentous. An examination of specimens in our museums, as well as a reference to the record of many cases in our "Mirror," will prove that firm ossific union is not unfrequently brought about. Two cases of the kind have recently occurred at the above hospital, under the care of Mr. Mitchell Henry, wherein this desirable result was produced by the employment of Malgaigne's double inverted hooked instrument, a representation of which is given in Druitt's "Surgeons' Vade-Mecum." The first of the two cases has gone out with solid union. The second, still in hospital, is a female, aged forty-seven, admitted on March 18th for a transverse fracture of the patella, occurring the day before in her right leg. The clamps were kept on for upwards of three weeks, when the broken patella was found to be perfectly united in a solid manner, without any groove or intermission to mark the site of the fracture. No inconvenience was produced by the instrument beyond slight suppuration round one of the hooks on the twenty-third day. This is a result but seldom witnessed, for we have seen the hooks in use for many weeks in Malgaigne's wards in Paris without such an occurrence. The most perfect and close apposition can be obtained by these hooks or clamps, as they are called, and, if carefully applied, no inconvenience is complained of by the patients. The woman under treatment expressed herself as very comfortable in every way. The form of fracture most applicable for this instrument is the transverse, one that is not very amenable to the ordinary methods of treatment.—*Ibid.*

LECTURE.

Lecture on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By Athol Johnson, Esq., Surgeon to the Hospital.

Lecture II. (continued).

II.—Injuries and Accidents.—The second division of surgical affection consists of accidents or injuries. Children are, of course exposed to almost every accident which can befall an adult. There are some forms, however, to which they are either unusually liable, or the consequences of which present certain distinctive points for observation and treatment. Amongst the first, I may briefly draw your attention to the great fondness on the part of children for introducing foreign bodies into the different mucous passages. When these are taken into the mouth and swallowed, it is to the art of the physician that recourse is usually had; but should they unfortunately pass into the windpipe, surgical aid often becomes necessary, and the operation of tracheotomy may be called for.

Foreign Bodies in the Nose and Ears. The main regions, however, which young England selects as repositories for its miscellaneous articles, are the nose and the ear. In the former, you will constantly find beans, peas, shells, cherry-stones, and wood-shavings; but the favourite article, according to my experience, is buttons. Any of these substances may remain lodged for a considerable time, and undergo, of course, a certain amount of change in themselves, in addition to the inflammation or ulceration of the passages, to which they may at last give rise. Buttons, for instance, may become corroded; peas may swell out, from the heat and moisture to which they are exposed; and, in the fifteenth volume of the *Journal de Médecine*, you will find an account of a haricot bean which is said to have germinated in the nose and pushed out some ten or a dozen roots. Without absolutely denying this fact, we may perhaps be permitted not to believe it.

The practical points, however, for the surgeon are, the necessity, in cases of obstinate discharge from one nostril in children, of making a careful examination of the parts; for it often happens that the child, it may be from forgetfulness, or more probably from fear of punishment by the parents or dread of pain in the extraction, omits to mention anything about a foreign body having been introduced, and the case is brought to us as one of idiopathic discharge. In the removal, too, it is desirable to ascertain exactly the position, and, if possible, to get a clear view of the object; not to be hurriedly pushing at it in the dark, as is sometimes done, but clearing away any blood and mucus by syringing with plenty of water; then get the end of your probe, or of your narrow forceps, well behind the body, and so pull it forwards. It may be as well, perhaps, during the removal, to keep your patient's mouth shut, or else there may be an accident similar to one mentioned to me by Dr. West. In this case, a small shell was extracted from the nose; but unfortunately, at the moment of extraction, it slipped, and dropped into the mouth, which was wide open, when it was immediately swallowed. It is hardly necessary, on the other hand, for me to caution you against mistaking the pulpy thickening of the mucous membrane over the turbinated bones, which so often occurs in scrofulous children, for an extraneous substance, or to deprecate their forcible removal.

When foreign bodies are introduced into the external ear, they are usually at once removed, or, if allowed to remain, their presence is demonstrated by the inflammation which is set up. Occasionally, however, it happens, especially if the body is hard and smooth, that it may remain without much disturbance, and without its existence being known except to the child, by whom, too, it is probably soon forgotten. In this way, deafness of one ear may be produced, affecting only the side in which the extraneous substance is lodged. Very recently, a boy was brought to St. George's Hospital, who had been deaf of one ear for quite a twelvemonth, no cause being either assigned or known. Mr. Prescott Hewett found, on examining the ear, something which he took at first for an accumulation of wax, but which turned out to be a piece of nut-shell, which had been lying there all that time. The cause being removed, the deafness, I believe, soon vanished.

Fractures of the Bones, with which we may class separation of the epiphyses, constitute another form of injury which presents some important distinctive characters when occurring in children. As a general rule, fractures, properly so called, are not so frequent in children as in older people; principally, no doubt, in consequence of the proportionate excess of the *animal* over the *earthy* constituents, but partly also because children are not in general exposed to the same extent to external violence. Notwithstanding these advantages, fractures are by no means uncommon in early life; this is due, to a considerable degree, to the rickety condition of the bones so apt to occur then, and to the consequent alteration in their shape. M. Guersant, for instance, states (*Clinique des Hôpitaux des Enfants*, 6ième année, p. 28), that out of a mean of eighty cases a year of fractures in early life, he has found about one-third occur in rickety children. At the Hospital we do not profess to treat accidents, and consequently have comparatively few fractures carried here; but still cases like the following are occasionally brought under our notice.

A boy, of the name of Lawrence, four years of age, came to me as an out-patient, with general rickets and fracture of the upper part of one humerus, produced by some slight accident; before this had united, an equally slight accident caused fracture of the opposite arm, the separation in each case not being complete, the periosteum still connecting the broken extremities. To prevent him from undergoing a complete course of fractures, I thought it better to receive him into the Hospital, where the bones united perfectly but slowly. In another boy, too, of the name of Wentworth, eight years of age, in whom the rickety condition of the bones had advanced so far that he had been unable to walk or even to stand for a very lengthened period before he came under my care, there had been fracture of both thighs one after the other. Professor Gibson, of Philadelphia, relates a case under his own observation, where a rickety boy experienced twenty-four fractures, all from slight causes, and all uniting without much difficulty. In the collection, too, of M. Esquirol, according to Cloquet (*Dict. de Médecine*, quoted in the article "Fracture," *Cyclopædia of Practical Surgery*), is the skeleton of a rachitic female presenting the traces of above two hundred fractures, which appear to have been effected at different periods, judging from the nature of the varying amounts of consolidation.

Examples of these multiplied fractures occurring in rickety children, then, may often be met with, though they seldom show themselves before the appearance of curvature. The following interesting case is quoted from Malgaigne's work on *Fractures:* A boy, whose father was healthy, but the mother rickety, and who had himself been affected with rickets from early infancy, had a fall whilst playing, when six years of age, and the left humerus was fractured: the injury was unaccompanied with pain, and the bone united firmly in the course of a month. A year afterwards, whilst at play, he broke his *left* femur about the middle; consolidation took place in forty days. At the end of another three months, whilst leaning out of bed to pick up something, his *left* thigh-bone broke again, but in a different place; forty days sufficed for the union, but he had to take to crutches, owing to his general weakness. Arrived at the age of ten, one of his crutches slipped, he fell, and fractured his *right* thigh-bone; he was taken to the Hospital des Enfants, where M. Malgaigne saw him, and recognized the traces of the previous fractures; this one, which was transverse, like the others gave rise to scarcely any pain; and in forty days union had taken place.

This disposition to fracture in rickets—and rickets, according to M. Malgaigne, is perhaps the affection which predisposes the most to fractures—is due partly to the altered structure of the bone; but, besides this, the great weakness of the limbs, as well as of the whole body, in these cases, renders walking more difficult, falls more frequent; and, finally, the altered shape of the bone, which usually becomes curved, conduces to fracture, just as a bent stick is more easily broken than a straight one.

Fractures in young children, even in those not affected with rickets, usually present little deformity, owing to the periosteum not being completely separated; after the age of thirteen or fourteen, however, the periosteum tears more easily, and separation of the fragments becomes more common. Hence the breaking of a bone in early life has been compared to that of a stick, which preserves, at the point of rupture, some of its fibres uninjured. To obtain much benefit from this preservation of the periosteum, the broken parts ought to be kept at rest *at once*, or else complete separation may occur, and the deformity may be much increased. It is as well to be aware of this peculiarity, to avoid the odium of overlooking a fracture in a child in its ealy stage. I was sent for, for example, a short distance into the country to see a young gentleman who had been thrown from his pony. He had been examined on the spot by a physician of eminence, who could detect no fracture; and in fact the child could and did use his arm at first, so far as to remount his pony. By the time I arrived, the periosteum had become completely lacerated, and the fracture of the clavicle was well marked, one end riding over the other.

Where rickets is present, this absence of deformity, owing to the strength of the periosteal sheath, is even more marked; and even if deformity exist, it is apt to be confounded with the curvatures so common in this affection; there is little or no crepitation, owing to the softness of the bones; and, in fact, the main symptoms present are an unusual amount of flexibility and mobility at the part which is injured. If the fracture is not recognized, if no proper treatment be adopted, if the limb is allowed to be freely used, the symptoms in these cases also become more marked; the periosteum may be ruptured, riding of the fragments may occur, and even crepitation be noticed if the softening of the bone be not too far advanced.

As a general rule, in fractures occurring in children, the period required for surgical treatment is much less than in adults; occupying, perhaps, not more than one-half the time; when, however, the case is complicated with rickets, the necessity for artificial support continues for a much longer period; but still, consolidation does occur, its rapidity being in an inverse ratio to the intensity of the rickets. With respect to the treatment, I have no particular remarks to offer, except to caution you to be very careful in padding the limb well, especially over any prominence of bone, before applying your splint or starched bandage; these, too, *need not*, and *should not*, be put on with unnecessary tightness, if you wish to avoid excoriations, sloughs, or gangrene, to which the delicate skin of the child is very liable. This caution is especially needed in rickets, where the ends of the bones are preternaturally prominent, and the soft parts over them unusually disposed to mortify. In fractures of the lower extremities, also, we should bear in mind the habits of young people with respect to passing the urine, etc., and use every care to protect the apparatus, as far as possible, by the use of oiled silk or other appropriate contrivances.

Incomplete Fracture. Occasionally it happens in children that the bone, instead of breaking, becomes bent or incompletely fractured, as may be seen in this clavicle, taken from a boy five years of age, who died from inflammation of the brain. The tendency to this form of injury may be said to date from birth, attaining its maximum about the second year, and almost ceasing at the age of twelve. The most important of the symptoms here is the deformity of the part, which may sometimes be very considerable; at the same time, there is complete absence of either mobility or crepitus, so that the fracture may be overlooked, the distortion attributed to the swelling of the soft parts. From the ordinary bending of the bones which occurs in rickets, it may be distinguished by the absence of the general marks of that affection, and by its occurring immediately after an accident. In the preparation before you it will be seen that the incomplete fracture has occurred at the centre of the right clavicle, the bony laminæ at the under surface being broken through, whilst the upper surface is only partially fractured, and bent outwards.

The treatment of this injury, which principally affects the bones of the forearm or the leg, is generally simple; the bone being soft and yielding can almost always, by the employment of moderate force, be bent back to its original shape, and then secured on a splint according to the extent of the fracture. Even where the injury is of some standing, the deformity can in this way generally be relieved.

Separation of Epiphyses. The last form of injury of the bones to which I wish briefly to direct your attention, is traumatic separation of the epiphyses. Hippocrates is said to have made mention of this accident; Ambrose Paré treats of it; Reichel, exactly one hundred years ago, wrote a special treatise on the subject, and since then it has been described by numerous authors; but cases in which the exact nature of the injury has been shown after death are not, I believe, very common: in fact Delpech, in 1816, thought he could deny their real existence. That they do really occur, however, has been proved by actual dissection in, at least, the following situations: both ends of the humerus, the lower end of the radius, both ends of the femur, and both extremities of the tibia as well as of the fibula.

In the seventh volume of the *Archives de Médecine* will be found a case of intrauterine injury, in which the child presented at birth an open wound of the leg, through which projected the shaft or body of the tibia, which was completely torn away from the lower epiphysis. The infant died on the thirteenth day. In the *Clinique des Hôpitaux des Enfants* will be found some papers, by M. Alphonse Salmon, detailing a series of experiments at the Paris Foundling Hospital, where he fractured 125 arms, at or near the elbow-joint, in children varying from the age of one day to three years; the children, I need scarcely say, were not alive at the time. In these cases he found that up to the age of five months, separation of one or more of the epiphyses was very easily produced, occurring, indeed, much more frequently than either fracture or bending, in the proportion of 73 to 12, but above this age, the excess diminished rapidly.

In early infancy, then, at least, this accident is one that can be produced by external violence; and the same thing occurs at a later period, when, from the progress of age, the epiphyses have acquired a great amount of development, and up to the time when they become consolidated with the shaft.

Several cases of this injury are related in Malgaigne's work on *Fractures*, occurring in boys between the ages of eleven and fifteen; and in the Museum of St. George's Hospital will be found a preparation showing separation of the lower epiphysis of the femur in a lad 16 years of age, and another in which there was separation of the lower epiphyses both of the *femur* and *tibia*, as well as of the epiphysis at *each end* of the *fibula*, in a young man of 18. The accident in the latter case, necessitating immediate amputation of the thigh, was caused by the leg getting entangled in a rope which became twisted round it whilst the lad was in the act of jumping from a pier to the deck of a steamboat. Here, too, is a preparation with laceration of the inferior epiphysis of the radius, but the exact age of the patient in this case is not known.

It has been remarked that this accident is one that occurs specially in male subjects, and M. Malgaigne says that he knows of no instance occurring in a female in which, at least, the real nature of the accident has been satisfactorily proved.

It is no easy matter to distinguish this accident from fracture near the joint, with which it has, no doubt, been often confounded. Besides the age of the patient, the most characteristic sign would be the soft, dull kind of crepitus obtained as distinguished from the more harsh and rough crepitation met with when the bone itself is broken through, though even this is by no means conclusive. The treatment, fortunately, will be the same in both cases, so that no great harm will happen to the patient, even if a mistake should occur in the diagnosis; union taking place in this injury as readily as in fracture.—*British Medical Journal*, Jan. 21, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—This Association, our National Medical Congress, held its thirteenth annual session in New Haven, Conn., on the 5th, 6th, and 7th of June, 1860.

The chair was taken by the President, Dr. Henry Miller, of Kentucky, and the Association was welcomed to the hospitalities of the city by the venerable Dr. Jonathan Knight, one of the founders of the Association, on behalf of the Committee of Reception, and by Dr. Charles Hooker, on behalf of the Committee of Arrangements.

The retiring President, Dr. Miller, delivered, as customary, an address. The following officers were elected for the ensuing year:—

President.—ELI IVES, M. D., Conn.

Vice-Presidents.—WILSON JEWELL, M. D., Pa.; A. B. PALMAR, M. D., Mich.; R. D. ARNOLD, M. D., Geo.; JOS. N. McDOWELL, Mo.

Secretaries.—S. G. HUBBARD, M. D., Conn.; H. A. JOHNSON, Ill.

Treasurer.—CASPAR WISTER, M. D., Pa.

At the previous meeting of the Association, it had been determined to divide the Association into five sections, viz: 1. On Anatomy and Physiology; 2. On Surgery; 3. On Practical Medicine and Obstetrics: 4. On Chemistry and Materia Medica, and 5th. On Meteorology, Medical Topography, Epidemic Diseases, Medical Jurisprudence, and Hygiene.

To carry out this plan, Dr. N. S. Davis offered the following resolutions, which were adopted:—

Resolved, That the general meetings of the Association after this day, shall be restricted to the morning sessions, and the afternoon sessions, commencing at 3 o'clock, shall be devoted to the hearing of papers and discussions in the several sections.

Resolved, That each section shall choose its own officers, and make its own rules of order.

Resolved, That all essays, voluntary communications and reports, except those of officers of the Association, reports of committees on medical education, medical literature, and prize essays, shall be first presented to the Association and referred to the appropriate section, in which they shall be examined and discussed; after which they shall be returned to the secretary of the Association, accompanied by an expression of opinion as to whether they are worthy of publication or not, and the secretary shall pass all such designated to be worthy directly to the Committee on Publication; and others not so designated shall be retained by the Secretary or returned to their authors, as the latter may indicate.

Reports were received from the Treasurer and Committee of Publication, which were referred to the Committee of Publication.

The Committee on Education made an elaborate report to which were appended the following preamble and resolutions :—

Whereas, It is the deliberate judgment of the American Medical Association, that the time has fairly come for the introduction of improvements into the present system of medical education, which shall elevate the existing standard of qualification for the Doctorate, and especially for securing and encouraging a higher degree of attainment in the science and of skill in the art of medicine than has been heretofore accessible to students in our country, and

Whereas, This body of American Physicians is regarded by our fraternity everywhere, as the acknowledged head and representative of the medical profession in the United States, and it is therefore looked to for prescribing the terms and qualifications of those who are henceforth to be admitted and recognized into our fellowship as brethren and equals in the profession; therefore,

Resolved, That it be hereafter regarded as an indispensable pre-requisite to enrolment as a student of medicine in the office of any regular physician, that the party shall be at least seventeen years of age, of good moral character and habits, and shall have received a good English, classical and mathematical education, and be able to read and translate the Latin language, and have an elementary knowledge of Greek, so far at least as to be able to trace the derivations from it to the English language.

Resolved, That this same requisite be made indispensable before matriculation in any regular medical college can be allowed, and that the faculty of such College, and the preceptor of such candidate for enrolment, be required to ascertain such qualification by actual examination, and to certify thereto.

Resolved, That the term of study in the office of a regular practitioner, including attendance upon lectures, be, and is hereby extended to four years, the last year to be mainly employed in receiving clinical instruction in medicine, surgery, and midwifery.

Resolved, That three full courses of lectures in a regularly incorporated college, or other body of lecturers recognized by the Association, be required of all candidates for the degree of Doctor of Medicine. Said candidate may be admitted to examination after three full years of study, on all the branches which they have been required to study, except clinical medicine, as above.

Resolved, That the period of instruction in every College be extended through the full term of nine months in each year, and that this time be divided into two sessions, the first to be chiefly occupied in instruction in the elementary branches only, and the latter to the practical and more complete branches. Those in attendance upon the former to constitute the junior class, and that upon the latter the senior. Not more than four lectures to be delivered on each day in either of the departments, and that each lecture be preceded by a recapitulation, in the form of question and answer of the lectures of the day before.

Resolved, That the number of professors in each college should be increased so as to bear some proportion to the largely increased number of branches, a knowledge of which is necessary.* This increase to be made in addition to those holding clinical chairs.

Resolved, That the examination of all the students for matriculation, which admits them into the junior class, shall be repeated before their entrance into the senior class, either by the Faculty, or by examiners appointed by them for the purpose, who shall certify in the one case to the fulness of their preliminary education, and in the other to their improvement, under courses of instruction in the junior or elementary department. Admission to the senior class should be contingent upon this latter examination. Similar examinations should be required at the commencement of each session, as to the improvement made in the preceding term.

Resolved, That the final examination for graduation, if made by the Faculty, should be in the presence of each other, and should be witnessed and certified by a board or committee of equal numbers, to be appointed for the purpose by each State Society, within whose bounds any college may be located, or by the Faculty, and without whose approval the degree should not be conferred. Due notice to be given by the faculty, of time and place for the examination, and each candidate to be separately examined.

Resolved, That no medical college be recognized by the American Medical Association to be complete in its organization, and prepared to furnish the requisite instruction, which does not either possess a hospital of its own, or which has not made arrangements with a hospital containing not less than 80 beds, for the students of the college receiving regular clinical instruction, before being licensed to practise.

Resolved, That the so-called "College Clinics," cannot in any useful or practical sense, be looked on as furnishing an adequate substitute for the clinical teaching required.

Resolved, That this Association regard with marked disapproval a practice which prevails with some of the faculties of the schools, viz: of examining those students who are candidates for a degree, before the expiration of the regular session, and while lectures are still in progress.

Resolved, That the titles of the several chairs in a school, as announced in its curriculum, ought to indicate a real teaching of the branches thus virtually promised to be taught, and not be assumed merely in conformity with further usage, or to gratify the temporary whim of a professor, to have an appendage to the title of his chair, while in the very next year he may abandon, and consent to its being appended to some other chair, or to its being omitted entirely in the next annual announcement. We may instance this, attaching physiology to anatomy, the latter being the substantive branch, and of itself taking up the whole time of the professor during the entire session, which is still too short for its legitimate purposes. Still more common and misleading is the appendage of diseases of women and children to midwifery and that of medical jurisprudence at one time to materia medica, at another to midwifery, and at a third to chemistry.

These resolutions gave rise to considerable discussion. The report was eventually accepted, and with the resolutions, was referred to the Committee of Publication. But it appears that no definite action was taken as to the adoption of the resolutions.

The Committee on Medical Literature presented a report which was referred to the Committee on Publication without being read.

The Committee on Prize Essays reported that they had received three essays, two of which had considerable merit, but not sufficient to be worthy in their opinion of a prize.

Dr. Lewis A. Sayre, of New York, read a report on Morbus Coxarius, which was referred to the surgical section.

Dr. H. P. Ayres presented a report on Education of Imbecile and Idiotic Children, which was referred to the appropriate section.

Several reports on special subjects, and voluntary communications were presented, and referred to the appropriate sections.

Some of the special committees reported progress, and asked to be continued, and a number made no response when called on for their reports.

The Committee of Conference appointed to confer with the Committee of Medical Teachers, made a report through their chairman, Dr. Shattuck, and offered several resolutions, which were amended, and then adopted as follows:—

Resolved, That it is the duty of medical colleges to require of every candidate for the degree of Doctor of Medicine, certificates of study during the full period of three years, under the direction of a regular practitioner of medicine, recognized by the American Medical Association, who shall certify, under his own hand, as to an attendance on two full courses of lectures, and no student shall attend a second course of lectures until a year shall have elapsed since the commencement of the first courses.

Resolved, That every medical college shall keep a volume, in which every medical student presenting himself shall enter his name, his age, the period of his commencing the study of medicine, any diploma he may have received in evidence of previous education, with the name of the college or school from which he received such diploma; and the name of the preceptor with whom he has been studying.

Resolved, That hospital clinical instruction constitutes a necessary part of medical education, and every candidate should be required to have attended such instruction regularly for a period of not less than four months.

Resolved, That the professors of every medical college should recommend to their trustees, or board of managers, the adoption of a rule authorizing them to allow the attendance of two or three delegates, from the State Medical Society, at all examinations of candidates for the degree of the doctorate, and accord to these delegates a vote on the question of recommending such candidates for a degree.

Resolved, That every State society be recommended to choose proper delegates at its annual meeting, to attend the examination of candidates for the degree of M. D., at all the medical colleges within their respective States.

Resolved, That this Association will not recognize as a regular organization, any college which does not require evidence of suitable preliminary education from all applicants for collegiate medical instruction.

Resolved, That we commend the use of all proper efforts, by which the attention of persons of means and liberal disposition, as well as legislative bodies, shall be directed to the propriety of endowing such medical colleges, and professorships thereof, as shall be recognized by the Association.

Resolved, That this Association recognize as a regularly organized medical college, one which has been represented at any meeting of this Association, and which complies with the preceding rules and directions.

The following standing committees were appointed:—

Committee of Arrangements.—N. S. Davis, Ill.; G. W. Freer, Ill.; De Laskie Willon, Ill.; E Andrews, Ill.; H. W. Jones, Ill.; Thos. Bevans, Ill.; J. Bloodgood, Ill.

Committee on Prize Essays.—Dan'l Brainard, Ill.; D. L. McGuigan, Iowa; M. L. Linton, Mo.; Jno. Evans, Ill.; A. L. McArthur, Ill.

Committee on Publication.—F. G. Smith, Pa.; Caspar Wister, Pa.; S. C. Hubbard, Conn.; R. J. Breckenridge, Ky.; Edward Hartshorne, Pa.; H. F. Askew, Del.

Committee on Medical Literature.—Frank H. Hamilton, N. Y.; Edward Warren, Md.; Chas. A. Lee, N. Y.; J. W. C. Ely, R. I.; E. H. Clark, Mass.

Committee on Medical Education.—Levin T. Joynes, Va.; Christopher C. Cox, Md.; J. C. Bradbury, Me.; L. H. Steiner, Md.; M. A. Pallen, Mo.

The usual number of special committees were also nominated.

It was proposed that the profession in this country should contribute to the erection of a memorial to John Hunter in Westminster Abbey, and the following resolutions were adopted:—

Resolved, That it be recommended to the different States to collect subscriptions of not more than one dollar each, from every regularly educated physician. All money so collected to be forwarded by the chairman of the committee hereby appointed, to the treasurer of the Hunter Medical Fund in London.

Resolved, That Drs. Henry J. Bowditch, Mass.; Amos Nourse, Maine; George B. Twitchell, N. H.; Charles Clark, Vt.; G. L. Collins, R. I.; Charles Hooker, Conn.; Henry D Bulkley, N. Y.; Wm. Elmer, N. J.; Jno. L. Atlee, Penn.; James Couper, Del.; C. C. Cox, Md.; J. B. McCaw, Va.; Cornelius Boyle, D. C.; James H. Dickson, N. C.; H. R. Frost, S. C.; R. D. Arnold, Ga.; J C. Nott, Ala.; G. A. Nott, La.; W. G. Williams, Mass.; C A. Page, Mo.; J. B. Lindsley, Tenn.; R. J. Breckenridge, Ky.; J. W. Russell, Ohio; A. B. Palmer, Michigan; Calvin West, Ind.; Patrick Gregg, Ill.; D. L. McGugin, Iowa; J. B. Douseman, Wis; D. W. Hand, Minn.; O. Harvey, Cal.; F. G. McSparack, Ark., be a committee to collect subscriptions.

A resolution was adopted to send a copy of the resolutions passed, to each medical school in the country.

A resolution was adopted, directing that a seal of the Association be given to every medical school in good standing, reserving the privilege of demanding the same upon sufficient evidence that the school had no longer claims to its possession.

The various proposals for altering the constitution, offered last year, were indefinitely postponed, and several new propositions, to be considered next year, were offered.

The several sections made their reports.

Votes of thanks were presented to the retiring officers, to the Faculty of Yale College, &c., and after the discussion of various matters which led to no definite action, the Association adjourned to meet in Chicago, Ill., on the first Tuesday of June, 1861.

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National Quarantine and Sanitary Convention.—This association held its fourth annual meeting in Boston on the 14th, 15th, and 16th of June.

The following officers were elected for the present year:—

President.—JACOB BIGELOW, M. D., of Boston.

Vice-Presidents.—R D. ARNOLD, M. D., Georgia; A. H. STEVENS, M. D., New York; H. G. CLARK, M. D., Boston; JOHN F. LAMB, M. D., Penn.; JUDSON GILMAN,

M. D., Md; Hon. MOSES BIGELOW, New Jersey; Hon. J. C. KNIGHT, R. I.; ROBERT THOMPSON, M. D., Ohio; C. B. GUTHRIE, M. D., Tenn.; THOMAS STEWARDSON, M. D., Penn.; Hon. THOMAS ASPINWALL, Boston; J. W. HOUCK, M. D., Baltimore.

Secretaries.—CALVIN ELLIS, M. D., Boston; J. B. JONES, M. D., New York; WILLIAM TAYLOR, M. D., Penn.; Ald. DAVID C. DADD, Jr., New Jersey.

The following were appointed a business committee:—

Dr. John D. Griscom, New York; Dr. John Moriarty, of Mass.; Dr. Wilson Jewell, of Pa.; Dr. Judson Gilman, of Md.; Dr. John Jeffries, of Mass.; Dr. Edward Mead, of Ohio; Dr. E. M. Snow, of R. I.; Joseph M. Wightman, of Mass.; Dr. C. B. Guthrie, of Tenn.; Dr. L. A. Sayre, of N. Y.; Dr. John F. Lamb, of Pa.; Dr. Lewis W. Oakley, of N. J.; Prosper M. Wetmore, Esqr., of N. Y.

Reports were read—

On legal restrictions for the control of the sale of poisons and dangerous drugs, by Dr. C. B. Guthrie.

On the Utility of Wet Docks, in connection with Quarantine, by Dr. Alex. H. Stevens.

On External Hygiene, by Dr. A. N. Bell.

On Civic Cleanliness, and the Economical Disposition of the Refuse of Cities, by Lieut. E. L. Viele, of New York.

On Registration, by Dr. Snow, of Providence.

Communications were read—

On the Subject of Drainage of Cities, from Geo. B. Emerson, Esq.

On Steam or Dry Heat as a Disinfectant, by Dr. Harris, of New York.

The following resolutions, reported by the Business Committee, were adopted:—

1. *Resolved*, That the report of Dr. Guthrie, Chairman of the Committee on Poisons, &c., be published in the *Transactions* of this Convention, without the appendix.

2. *Resolved*, That this Convention deems it inexpedient to recommend any action by this Convention on the subject of the disease known as "pleuro-pneumonia," said to be prevalent among cattle.

3. *Resolved*, That the report on Civic Cleanliness be recommended to the Convention for adoption and publication in the *Transactions*, and that the Secretary be authorized to transmit a copy of the report, and a separate copy of the memorial appended thereto, to the authorities of every incorporated city in the United States.

4. *Resolved*, That the report of Dr. Snow on Registration be referred to the Convention for consideration, and recommended for adoption and publication in the *Transactions* of the Convention.

5. *Resolved*, That a committee be appointed to take into consideration the expediency of a permanent organization of this Convention, to be called the "American Sanitary Association," to report at the next meeting, and, if favourable thereto, to present a plan of organization.

Also—

1. *Resolved*, That the Committee recommend that the paper presented by Dr. E. Harris, of New York, "On Heat as a Disinfectant," be published in the *Transactions* of the Convention.

2. *Resolved*, That the Committee recommend to the Convention the passage of the resolution offered by Dr. Ordronaux, modified as follows: "*Resolved*, That a committee of five be appointed, to be called the Committee of State Medicine, whose duty it shall be to report to the next Convention such subjects of sanitary importance as in their judgment require investigation or legislation for their permanent improvement."

3. *Resolved*, That a committee of three be appointed to report upon the subject of vaccination, and the best method of obtaining its general application, especially in cities.

4. *Resolved*, That the Committee on the Nature and Causes of Malaria be discharged, and that the subject be referred to a new committee, to report to the next Convention.

Dr. Ordronaux offered the following resolution, which was adopted:—

Resolved, That a committee of five be appointed, to be called the Committee on *State* Medicine, whose duty it shall be to report to this Convention such subjects of sanitary reform as are not yet provided for by the standing committees, and also what legislation is necessary for their permanent advancement.

The following resolutions, offered by Dr. Jewell, were adopted:—

Whereas, At the last meeting of the Convention, after a learned and dispassionate discussion, the long-agitated question of the non-transmission of yellow fever from one person to another, was definitely settled;

in order to strengthen that decision, therefore

Resolved, That the action of the last Convention on the question of the non-contagiousness of yellow fever, to be found on page 45 of its *Transactions*, be and is hereby reaffirmed.

On motion of Mr. Charles Haswell, of New York, it was

Resolved, That the Committee on Civic Cleanliness be instructed to report a system of sewerage calculated to arrest the deposits therefrom from exposure to the air upon tidal surfaces, and that they be directed to adapt their recommendations to the different conditions of harbours and rivers having extensive or small tidal volumes.

On motion of Dr. Harris, it was

Resolved, That a committee of three be appointed by the Chair, to report to the next Sanitary Convention upon the utility and application of steam or dry heat for the purpose of disinfection.

On motion of Mr. Geo. H. Snelling, of Boston, it was

Resolved, That a committee of three be appointed to consider and report upon the best plan for such a division of the hours of labour among all classes of the community, as shall be promotive of health.

On motion of Mr. Elliot, of Boston, it was

Resolved, That a committee of five be appointed to report a uniform plan for maps of the physical geography of *cities* for statistical and sanitary purposes, with a view of obtaining the construction of such maps by the several municipal governments.

On motion of Dr. Grant, of New York, it was

Resolved, That this Convention, as one of the means of sanitary reform, urges upon the municipal authorities and boards of health of the several States to collect and carefully arrange complete statistics of births, marriages, and deaths, and also of disease, meteorology, and epidemics, except in cases where this work is provided for.

On motion of Gen. Wetmore, it was

Resolved, That the thanks of this Convention are due and hereby tendered to the city of Boston, for the noble-spirited hospitality and graceful courtesy extended by it to the members of this Convention during its present session.

On motion of Mr. Shannon, it was

Resolved, That the thanks of this Convention be and hereby are tendered to the several individuals, societies and institutions of the city of Boston, for their kind hospitalities to the members of this convention, individually and collectively, during its present session.

Votes of thanks were also presented to the President, Dr. Bigelow, the Secretary, Dr. Calvin Ellis, the Mechanics' Association, the directors of the public institutions of Boston, &c.

After a few words of farewell from Dr. Bigelow, the Convention adjourned to meet in Cincinnati on Wednesday of the last week in May, 1861.

The following is a list of the committees for the ensuing year:—

Committee on Dispensaries.—F. E. Mather, New York; Dr. H. Sinclair Ash, Philadelphia; Dr. Solomon D. Townsend, Boston; Dr. Judson Kimball, Baltimore; C. C. Savage, Brooklyn; Dr. J. B. Alley, Boston.

Committee on Permanent Organization.—Dr. Wilson Jewell, Philadelphia; Prosper M. Wetmore, New York; J. M. Wightman, Boston; Dr. J. H. Griscom, New York; Dr. C. B. Guthrie, Memphis, Tenn.

Committee on the Hours of Labour.—George H. Snelling, Boston; S. B. Halliday, New York; J. C. Knight, Providence.

Committee on Maps for Statistical and Sanitary Purposes.—E. B. Elliot, Boston; Lieut. E. L. Viele, New York; Dr. R. D. Arnold, Savannah; Dr. Ruschenberger, Philadelphia; Dr. J. B. Jones, Brooklyn.

Committee on External Hygiene.—Dr. A. N. Bell, Brooklyn; Dr. Elisha Harris, New York; Dr. Wilson Jewell, Philadelphia; Dr. R. D. Arnold, Savannah; Dr. H. G. Clark, Boston.

Committee on Civic Cleanliness. (Continued.)—Egbert L. Viele, New York; Charles H. Haswell, New York; Henry Guernsey, M. D., New York; E. M. Snow, M. D., Rhode Island; Otis Clapp, Boston; Henry Irwin, Virginia.

Committee on Mr. Snelling's Paper upon the Effects of the Climate of the United States.—Geo. H. Snelling, Boston; Dr. J. Curtis, Boston; Josiah Quincy, Jr., Boston.

Committee on Tenement Houses.—S. B. Halliday, New York; Dr. Josiah Curtis, Boston; Dr. W. B. Bibbins, New York; Dr. H. G. Clark, Boston.

Committee of Arrangements for the Ensuing Year.—Dr. Edward Mead, Cincinnati; Mayor Bishop, Cincinnati; Nicholas Longworth, Cincinnati; Dr. M. B. Wright, Cincinnati; R. B. Bowler, Cincinnati; J. M. Wightman, Boston; Wm. Taylor, Philadelphia; Dr. Judson Gilman, Baltimore; R. H. Shannon, New York; P. M. Wetmore, New York.

Committee to aid in carrying out Resolution 2d of the Committee on External Hygiene.—Gouv. Emerson, Penn.; Dr. Gunn, N. Y.; Dr. Snow, R. I.; Dr. Moriarty, Mass.; Dr. J. A. Nichols, N. J.; Dr. C. B. Guthrie, Tenn.; Dr. Thompson, Ohio; Dr. Kemp, Md.

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Association of Superintendents of Hospitals for the Insane.—This association held its annual meeting at the Continental Hotel in the city of Philadelphia on the 28th, 29th, 30th and 31st of May.

The following were the officers of the meeting:—

President.—ANDW. MCFARLAND, M. D.

Vice-President.—THOS. S. KIRKBRIDE, M. D.

Secretary.—JNO. CURWEN, M. D.

Treasurer.—JNO. S. BUTLER, M. D.

Papers were read from—

Dr. EDWD. JARVIS, On the Proper Arrangement of Institutions and Asylums for the Insane.

Dr. HARLOW, On Inebriety as a Form of Disease.

Dr. MCFARLAND, On Attendants in Hospitals for the Insane.

Dr. RAY, On Mental Hygiene.

Dr. WORKMAN, On the Pathological Anatomy of General Paralysis.

Dr. WORTHINGTON, On a particular form of Insanity, for which the Term Congestive Mania has been proposed.

Dr. CURWEN, On Amusements and Social Recreations, best adapted to Insane Hospital Treatment.

Rev. Dr. ADAMS, On Religious Services for Hospitals for the Insane, and on the Qualifications of their Chaplains.

The members of the Association visited the Pennsylvania Hospital for the Insane, and Friends' Asylum for Persons Deprived of the use of their Reason, and, after carefully examining their arrangements, were entertained by the superintendents of these institutions.

They also visited the department for the insane of the Philadelphia Hospital, Blockley (Almshouse), and various other public institutions.

Previous to adjournment, the following resolutions were adopted by the Association:—

Whereas, this Association, during its present meeting in Philadelphia, has received from the boards of management, and from the officers of various public institutions, a renewal of the courtesies which attended its previous visits to this city; therefore

Resolved, That the members of this Association hereby testify their sincere appreciation of their civilities, and express their grateful acknowledgments to the managers of the Pennsylvania Hospital, and of the Friends' Asylum, for their munificent hospitalities and personal solicitude for their enjoyment; to the officers of the United States Mint, for their attention in showing them its varied and interesting processes; to Dr. S. W. Butler, of the department of the insane of the Philadelphia Almshouse; to the officers of the Academy of Natural Sciences; to Dr. Jos. Parrish, of the Training School for Feeble-minded Children at Media; to the medical faculty of the University of Pennsylvania, for their invitations to visit the several institutions under their care.

Resolved, That while we recognize in all the institutions for the care of the insane, which we have had the pleasure to visit, meritorious adaptations to their benevolent purposes, we deem it proper on the occasion of the recent opening of the new department for males of the Pennsylvania Hospital for the Insane, to express our unqualified admiration of its peculiar excellencies, and our high respect for the benevolence and enlightened public sentiment of the community, which has so liberally responded to the appeals of its managers for means to erect it.

Resolved, That while we discover in the department for the insane of the Philadelphia almshouse a material advance upon the late unhappy state of things, we are constrained to say, that the present means for taking care of the large number of the insane gathered there, and their consequent condition, are such as to demand the immediate and enlightened attention of the able board to whom these important and most responsible trusts are committed, and that we earnestly recommend a thorough establishment of the hospital upon the basis of the propositions for the organization and government of institutions for the insane, already adopted and published by this Association.

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Medical Society of the State of Pennsylvania.—This society held its twelfth annual meeting in the city of Philadelphia on the 13th, 14th, and 15th of June, Dr. CONDIE, the president, in the chair. After the preliminary business was disposed of, Dr. Condie read an address on the subject of vaccination, for which a vote of thanks was voted by the Society, and a copy of the address solicited for publication.

The following reports and papers were read and referred to the Committee of Publication :—

Report from the Medical Society of Indiana County.

Report from the Perry County Medical Society.

Report On the subject of Meteorology, by Dr. Kennedy.

Report from the Bradford County Medical Society.

An Abstract of the Sanitary and Mortuary Report of the City of Philadelphia.

A paper by Dr. SCHNECK, On the State of Medical Affairs in Lebanon County.

A paper On that Peculiar Affection of the Prostate Gland characterized by a Mucous Discharge, simulating and often mistaken for Spermatorrhœa, to which the author gives the name of prostatorrhœa, by Prof. GROSS.

A paper On Medical Education by Dr. JOHN BELL, of Philadelphia.

Resolutions were adopted in favour of the establishment of an asylum for inebriates in the State of Pennsylvania.

The following officers were elected for the ensuing year :—

President.—EDWARD WALLACE, M. D., of Berks.

Vice-Presidents.—JOHN BELL, M. D., of Philadelphia; GEO. W. ALLISON, M. D., of Beaver; J. H. LANDIS, M. D., of Blair; G. W. LOTT, of Columbia.

Corresponding Sec.—JOS. CARSON, M. D., of Philadelphia.

Recording Secs.—J. T. CARPENTER, M. D., of Schuylkill; J. H. SMALTZ, of Philadelphia.

Treasurer.—R. P. THOMAS, M. D., of Philadelphia.

A committee was appointed consisting of Drs. Bell, Worthington, Condie, and Wallace, to petition the Legislature for the passage of a law more stringent in regard to the subject of criminal abortion.

After the passage of the usual vote of thanks to the officers, the Committee of Arrangements, &c., the Society adjourned to meet in Pittsburg on the second Wednesday in June, 1861.

—

Diagnostic Symptoms of Certain Wounds of the Chest.—Dr. JAS. A. DRAPER, of Camden, Del., relates in his inaugural essay for the degree of M. D., in the University of Pennsylvania, recently published (*Med and Surg. Rep.*, April 14, 1860), an account of his experiments by vivisection, to test the value of the diagnostic symptoms of certain wounds of the chest. The following are his conclusions :—

1st. That the lung does not collapse immediately on an opening being made into the pleural cavity, unless the opening be larger than the glottis.

2d. That collapse, when it does occur, will take place in a time proportionate to the size of the opening.

3d. That collapse does not follow *wound of the lung*, unless the opening in the walls of the chest be of sufficient size to produce it.

4th. That profuse hemorrhage seldom follows wound of the lung.

5th. That pneumonia does not supervene upon wound of the lung unless there is a tendency to inflammation from other causes.

6th. That pleuritis is a rare result except as a local affection—that is, limited around the place of injury.

7th. That air does not cease to pass at the wound when the lungs are wounded.

8th. That uncomplicated wound of the lung will generally heal without suppuration.

—

University of Pennsylvania.—Dr. WILLIAM PEPPER has been elected to the Chair of Practice of Medicine in this school, rendered vacant by the resignation of Dr. Geo. B. Wood. Dr. Pepper is one of our most highly esteemed physicians; he was for a number of years one of the physicians of the Pennsylvania Hospital, where he acquired great reputation as a clinical lecturer. He has long enjoyed a very extensive private practice, and there can be no doubt that he will ably perform the duties of his appointment, and give a highly practical course of instruction.

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Obituary Record.—It is with extreme regret that we record the death of Dr. Chas. E. Isaacs, which took place in Brooklyn, on the 16th of June, 1860. Dr. Isaacs was a most zealous cultivator of our science, an excellent anatomist and microscopist, and a skilful physician.

FOREIGN INTELLIGENCE.

Source of Cow-pox.—"It is said that the source of cow-pox has been discovered almost by accident in the purulent matter of a disease to which horses are liable, and which is known here as water on the legs. One of these horses having been taken to the Veterinary College at Toulouse, the professor. M. Lafosse, recognized the malady as the source referred to by Jenner, caused a cow to be inoculated with the matter, and was rewarded by soon seeing the vaccine pustules. The produce of the latter has since been tried on several children, under the supervision of the medical officers of Toulouse, and the success is reported as complete. A commission has been appointed to follow out the subject, and it will be a fitting completion of the great work of our countryman Jenner if it should really appear that the source of vaccine indicated by him has been discovered by our neighbours, who hold his name in the highest rank of honour. Harvey, Jenner, and Bell are the three English gods of the temple of Æsculapius here."—*Med. Times and Gaz.*, June 16, 1860.

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Effect of the improvement of Firearms upon the numbers hit in battle.—Marshal Saxe used to say that to kill a soldier the man's weight of lead must be expended. This saying, though strange, has been verified in modern times, with all the improvements lately introduced. At the battle of Solferino, according to pretty acurate calculations, the Austrians fired 8,400,000 rounds. The loss of the French and Piedmontese is reckoned at 2000 killed, and 10,000 wounded. Each soldier hit has therefore cost 700 rounds, and every man killed 4200. Now, as the mean weight of balls is one ounce, 272 pounds of lead were used to kill a man, so that the old assertion of Marshal Saxe is still true.—*Journ. des Conn. Méd. Chirurg. et Gaz. Méd. de Lyon.*

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The Cure of Deafness.—The Bulletin de Thērapeutique, of the 30th April, contains a valuable article on the cure of deafness by Mdlle. Cléret. The remedy used by that lady, and which has been found very efficacious, is sulphuric ether, from four to eight drops of which are daily dropped into the ears of children, and double the quantity into the ears of adults. The manner in which Mdlle. Cléret thought of the ether, is as follows: Mdlle. Cléret, a private teacher in humble circumstances, had been deaf for several years, and to such an extent as to prevent her from following her calling, when by chance she discovered a remedy which cured her; and as her hearing improved, she thought of applying the same remedy upon two deaf and dumb children who were day scholars in her little establishment. She succeeded beyond her expectations, and forthwith devoted herself to the education of the poor little sufferers from deafness. With so much zeal and disinterestedness did she carry out her project, that the French Academy bestowed upon her the Montyon prize for "virtue and charity." As, however, she had sorely to struggle with the *res augusta domi*, Mdlle. Cléret wrote to the Minister of Public Instruction for assistance, so as to be enabled to go on with the treatment of the poor. The minister deputed M. Béhier, a physician of high standing in Paris, to make inquiries about the matter; and the latter was so struck with the results, that he requested that a committee should be appointed to test Mdlle. Cléret's method. This committee met for the first time in October, 1856; and examined, every three months, the state of the children put under treatment. These investigations were being carried on until lately, when the sudden change of fortune, and especially the attempts of a specialist to wrest her secret from her, drove the poor woman mad. And now that she has been declared incurable, the committee have been obliged to send in their report, which is satisfactory in many respects, though somewhat incomplete, from the sudden cessation of Mdlle. Cléret's labours.

—

Remarkable Death.—An investigation took place this week in reference to the death of an unknown female, about fifty years of age, under the subjoined very singular circumstances. About one o'clock on Saturday afternoon last, a house-painter at work on the premises 39 Woburn Place, Russell Square, noticed the deceased sitting on the door-step of No. 38, with her head resting upon one hand and a basket of lace by her side. After the lapse of a quarter of an hour, he went to her, and, finding her pale, unable to speak, and apparently dying, he sought for a policeman. Within half an hour after the poor woman was first noticed to sit on the door-step she had expired. She was removed to University College Hospital, where a post-mortem examination, to ascertain the cause of death, was performed by Mr. Andrews, the resident medical officer, who discovered the cause of death to be from the piercing of a fish bone through the substance of the heart. He found eight wounds in the diaphragm and pericardium, through which, strange to say, the bone had passed before it reached the heart. On a rigid search he discovered the blunt end of a fish-bone, one inch and three-quarters in length, as sharp as a needle, protruding through the stomach, piercing the heart. The immediate cause of death was loss of blood. The coroner having remarked upon the singular nature of the case, the jury returned a verdict of "Accidental Death." —*Med. Times and Gaz.*, May 12, 1860.

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A Cancer not Cured. — Cancer-curers have too often tested the hollowness of the bubble reputation to do more than excite the indignant and prophetic ridicule of the profession by their much vaunted nostrums. The recent death of the Rev. Henry Erskine Head, from the spread of the cancerous affection of which he was the unhappy subject, affords a painful comment on the vain pretensions of a secret method of curing cancer announced some months since with dangerous prominence in the columns of the *Times*. For a moment Mr. Head was buoyed up by the belief that a temporary improvement in his condition, when under the treatment of the Rev. Mr. Reed, afforded just grounds for a hope of a permanent cure, which the more candid and experienced judgment of some eminent metropolitan surgeons unhappily forbade him to entertain. The improvement was, as expected, but of short duration. The cavernous ulceration extended from the pharynx to the roof of the mouth; during its progress he narrowly escaped death by hemorrhage from some large vessels—a characteristic danger of the mode of treatment to which he was subjected; and he died in aggravated suffering. The remedy to which he submitted proved to be no remedy at all. As other sufferers from this grievous malady have been induced, by the discussion raised on the subject, to pass through the same ordeal, it is at least due to all who have been or might be influenced by those delusive statements, that the fatal result of this sad case should be prominently placed before them. Once more, too, a voice should be raised to warn the uninitiated public of the grave suspicion which should always attach to secret medicines or nostrums of any kind, and especially to those which are introduced to the general public through the medium of the newspapers, before having been submitted to instructed professional criticism. —*Lancet*, June 16, 1860.

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Coloration of the Bones of the Fœtus by the Madder given to the Mother mixed with her Food.—M. Flourens communicated to the Academy of Sciences June 4th, 1860, the bones of a fœtus coloured by madder given to the mother with her food during the last forty-five days of gestation. Not only were the bones of the fœtus, but even the teeth were reddened; thus showing that the blood of the mother communicates so freely with that of the fœtus that the colouring principle of the madder is conveyed with the blood from the mother to the fœtus. —*Moniteur des Sci. Med.*, June 11, 1860.

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Cholera at Malaga.—An official notice has been issued by Lloyd's agent at Malaga, confirming the announcement of the presence of cholera there, and stating that that port, city, and neighbourhood have just been officially declared as infected with epidemic cholera morbus, and that the sanitary authorities have determined to issue foul bills of health to all vessels clearing out from Malaga during the prevalence of the epidemic.—*Lancet*, June 16, 1860.

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Royal Society.—Dr. Brown-Sequard has been elected a fellow of this society.

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Obituary Record.—Died in Edinburgh, May 21st, from an attack of apoplexy, Professor John Lizars, F. R. S. E.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Chronic Bronchitis and Emphysema.—Of the number and variety of affections of the pulmonary organs which constantly present themselves for treatment at our hospitals, perhaps there is none so distressing, and so difficult to relieve effectually, as the above complication. Chronic bronchitis alone requires much attention and care, but when interlobular emphysema is combined with it the disease is quite incurable, and our efforts can be at best but palliative. Although this double form of chest disease is one of the peculiarities of the aged who are subject to constant exposure, it is pretty commonly witnessed also in middle-aged and even younger persons; and in many instances wherein it is seen in apparently strong and vigorous individuals, the emphysema has been the primary affection, originating probably in rupture of the air-cells during forcible bodily efforts. To take a single example out of a number in illustration: A hitherto strong and robust man (Nathan N ———), aged forty-four years, a gas-stoker, was lately admitted into St. Bartholomew's Hospital, under Dr. Farre's care, with extensive emphysema and chronic bronchitis, which he has had for nineteen years. The suffering from dyspnœa and shortness of breath during that long period, in a strong man, may be very readily imagined. Now, he was suffering from the consequences of this double malady; there was anasarca of the legs, body, and face; the prominent parts of his rounded back were swollen like puddings; the face was dusky, the lips blue, and the breathing very distressing. He was subject to epistaxis; the urine contained no albumen. In the treatment, attention was paid to the bowels; sinapisms were applied to the chest; cup-

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ping was resorted to between the shoulder-blades; he was ordered a mixture of decoction of senega, carbonate of ammonia, tincture of squills, and nitrous ether; and was besides put upon brandy. The improvement by treatment was but transitory, for he become moribund in the fourth week, and died shortly afterwards. As we learnt from Mr. Sprague, clinical clerk, there was strong pulsation in the external jugulars, and a systolic murmur of the heart, some days before death.

We might give many more illustrations of this malady, even in St. Bartholomew's Hospital alone, but the present is sufficient for our purpose. Sometimes powerful medicinal treatment will do much in removing the urgency of the symptoms, but it never cures. And this leads us to ask the question, whether some relief might not be afforded by tapping the lung through the parietes of the chest (as we do in cases of thoracic fluid effusions), for the purpose of letting a certain amount of air escape, and so reduce the great pressure constantly exerted by the distended lungs upon the heart and its bloodvessels. At any rate the suggestion is worthy of remembrance in desperate cases.—*Lancet*, July 7, 1860.

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Fracture of the Femur and Compound Fracture of the Leg and Ankle of the same Limb.—The question of amputation is one of some moment in cases wherein there may be a double fracture in the same limb. It has not met with any special attention in the more modern works of practical surgery, and its consideration was fully dwelt upon in a case recently admitted into University College Hospital, under Mr. Erichsen's care, of which the following are the particulars:—

A man sustained a severe compound fracture of the leg by a heavy flagstone falling upon it; the injury extended into the ankle-joint. A simple yet comminuted fracture was also present in the same limb at the middle of the thigh. The former necessarily demanded amputation. The question, however, arose as to where it should be performed, whether between the two fractures, or above the fracture in the thigh. Now, as this practical point had never been discussed, it became necessary to judge by the peculiar circumstances as they presented themselves. In some observations made to the pupils, Mr. Erichsen observed that when there is a compound fracture of the lower part of the leg, amputation is usually performed just above it. If the soft structures between the two fractures had been perfectly sound and not bruised, there would have been no reason against the performance of amputation between the two fractures. On examining the limb, however, the intervening soft structures were found to be unsound; there was a bruise in the popliteal space, and an extravasation of blood in the lower third of the thigh, extending downwards to the calf. This arose from laceration of some of the smaller vessels, and not of the main trunks, because there was pulsation in the posterior tibial artery. This condition materially influenced Mr. Erichsen's decision, and he accordingly amputated in the thigh higher up than the seat of fracture. The suspicion as to the state of the thigh was found to be correct after the operation; and the patient died from collapse and exhaustion a short time after, although but little blood was lost. This case was one particularly interesting to the surgeon from the question involved; for here was an injury in the leg which required amputation, and one in the thigh which did not, and yet it had to be performed above that which did not require it, because of the state of the intervening structures.

In April, 1859, there was a case somewhat like the foregoing in the same hospital. A man was admitted with a compound dislocation of the wrist-joint and a comminuted fracture of the lower end of the radius. It was necessary to amputate the arm. There was also some injury to the shoulder joint, extravasation of blood into the axilla, and simple dislocation of the head of the bone into the axilla; the latter had arrested the circulation through the limb. Mr. Erichsen reduced the dislocation, when the pulsation at once returned into the wrist, showing that the axillary artery was uninjured; and although there was extensive ecchymosis about the axilla with extravasation, still the intervening parts were healthy, and he amputated at the upper part of the forearm. The man completely recovered, and went out well. This case bears somewhat upon the other; but the question of amputation is solved by ascertaining the condition of the intervening parts.—*Ibid.*

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Extraction of Metallic Foreign Bodies when Implanted in the Tissues.—These when small, as in the case of needles, fragments of needles, etc., which have entered the hand or foot, are sometimes extracted with great difficulty, the object, when deeply placed, slipping away from the forceps. In some cases, notwithstanding prolonged attempts, the object, although it can be plainly enough felt, gets thrust in deeper and deeper, a circumstance even of some danger when the pointed foreign body happens to be placed near a joint. In such a case M. Robert recently pursued the following procedure: A tenaculum was passed into the skin above the point where the foreign body was situated, and the integuments thus raised, were incised horizontally so as to form a small flap, by means of which every access was given for the performance of extraction, which was executed without exerting any pressure on the body. After the extraction the little flap was reapplied, and maintained by adhesive plaster.—*Med. Times and Gaz.*, Feb. 18, from *Bulletin de Thérap.*, T. lvi.

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Carcinoma of the Penis Requiring Amputation.—The rapidity with which epithelioma sometimes spreads, when it has once originated, is really astonishing. It resembles, in this respect, the enlargement of medullary disease, with this difference, that it does not attain to any great bulk. Its growth on the prepuce is generally moderate and slow; but an exception to this was recently witnessed in University College Hospital, in a case under the care of Mr. Erichsen. A man, thirty years of age, the subject of congenital phymosis, noticed a small, hard knob under the prepuce six weeks before his admission. It involved this membrane, and grew rapidly. The prepuce was slit up by a surgeon, who found it studded with these knobs. Since then, epithelioma developed very rapidly, and now it is studded with hard masses, of the size of cherry-stones; but the disease has implicated the anterior part of the penile organ itself. The patient looks sallow, cachectic, and thin, and has the appearance of a man of forty-five instead of thirty. There was no glandular enlargement anywhere, and Mr. Erichsen believed it best to remove the entire disease in the usual way—namely, by amputation.

There was no reason to suspect syphilitic disease in this case, because the patient is married, and seems a steady, sober man. It is interesting in relation to the question, whether phymosis was the cause of it; for, in the majority of instances, that peculiarity has preceded the development of the epithelial carcinoma. Mr. Erichsen remarked, on the authority of Mr. Travers, that epithelioma is unknown amongst the Jews. There is good reason to believe the local irritation of phymosis will produce it, as in other parts of the body. In a recent case at this hospital, the patient had phymosis, and the prepuce was slit up by the man himself. When affecting the prepuce, the disease spreads to the glans, and, when involving the latter, it readily extends to the organ itself. Amputation was performed whilst the patient was under the influence of chloroform, and a very large mass of disease was taken away. The patient is going on well.—*Lancet*, July 7, 1860.

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Impaired Sight Consequent upon Lightning.—H. N., a delicate-looking girl, aged twelve, was admitted on July 12, under the care of Mr. Dixon, with the statement that she could see but very imperfectly with the left eye. It appeared that three years before she had been dazzled by a very vivid flash of lightning, after which her eye inflamed. It remained weak for a time, but subsequently quite recovered. She attributed the relapse, which had occurred during the last week, to the effects of a vivid flash of lightning which she had seen during one of the then prevalent storms. On examination with the ophthalmoscope the humours were seen to be perfectly clear, but the retina itself was congested and slightly hazy; there was no intolerance of light, and the examination did not in the least distress her. The difference in transparency between the two retinæ was decided. As the child was delicate looking and had a feeble pulse, it was evident that tonics were indicated. She was ordered to take half-a grain of quinine three times a-day, and to have a blister behind the left ear. The blister was repeated at intervals of a fortnight three or four times. In October a second ophthalmoscopic examination was made, and although she could now see much better with the left eye, yet its retina presented a decidedly different degree of transparency from that shown in the right. The quinine mixture was continued until the following January; throughout she had been ordered a liberal diet, and perfect rest of the eye, as regards reading and needlework, had been enjoined. On January 9 she was discharged, being now able to see nearly equally well with either eye.—*Med. Times and Gaz.*, Feb. 18, 1860.

Deposit of Lead in an Ulcer of the Cornea. It is well known that lead lotions are not admissible in cases in which there is a solution of continuity of the surface of the cornea, whether it is produced by ulceration in the course of disease, or by an abrasion of the epithelium by accident. The lead lotion, as prepared generally, contains a good deal of lead in the form of the insoluble sulphate and chloride; and even if it were properly made with distilled water, the salts of the tears, etc., will rapidly precipitate it in the insoluble form. The nitrate of silver is liable to a similar objection. Being changed to the insoluble chloride, it becomes fixed, and is by the action of the light reduced to the oxide, and probably ultimately to a metallic state, occasioning a disagreeable permanent brown color of the white of the eye. It is not, however, very often that a patient presents himself with well-marked deposit of lead, as the lotion is not often persevered in for a sufficient length of time in those cases in which it is generally employed. In the following case, however, it had been used very often, day and night, at very frequent intervals.

A man of middle age applied with what he called inflammation of the left eye. On looking into it, a small white patch, the size of two pins' heads, was seen on the cornea below the pupil. Mr. Dixon declared it to be a deposit of lead, which had occupied the site of an ulcer. It was very superficial, and was readily scraped off by an eye-spatula, and that without much pain. If it had been seated over the pupil, as in a case related by Mr. Dixon,[1] it might have interfered very much with vision, and, if early attention had not been paid, permanently. As in the case narrated, and in the case related by Mr. Dixon, the deposit is generally superficial, and, if removed early, the surface is quickly repaired. On inquiry, it was found that the man had been treated with a "white lotion" for some inflammatory condition of the eye. Of this lotion he had had ten bottles, and had used one in a day. He then had three bottles of "clear lotion," probably nitrate of silver. The substance removed was subsequently tested, and this gave the only evidence wanting as to its being lead. The man came again in a few days. The eye was much better. There was no intolerance of light, and no signs of irritability about the eye, and the surface from whence the lead was removed was healing.—*Med. Times and Gaz.*, July 7th, 1860.

Laceration of the Upper Lid—great Difficulty in Procuring Union.—Every now and then, after operations for hare-lip and other plastic procedures, on removal of the sutures, the parts again separate, to the great disappointment of both patient and surgeon. The following case may serve as a good model of the persevering treatment which ought to be pursued under such circumstances:—

A healthy lad, aged fifteen, had the upper eyelid of his left eye torn by catching it on a hook. The laceration involved the cartilage, and extended from the free border of the lid, in a direction upwards for at least half-an-inch, causing a gaping wound. He was taken to St. Thomas's Hospital shortly after the injury, and the torn parts were united by sutures. The accident occurred on Friday, December 23. The sutures tore out, and on the Monday following he was brought to the Ophthalmic Hospital with a large and most unsightly wound. The house-surgeon to the hospital lightly refreshed the edges, and put in wire sutures. These again tore out, and the wound gaped as before. Hare-lip pins were now used, but for a third time the hopes of union were disappointed. On January 9, more than two weeks after the injury, Mr. Dixon had the boy put under chloroform and pared the edges freely, and having done so passed a hare-lip pin a little above the free edge of the lid and at a considerable distance from the margin of the wound, so as to give it good hold. The upper part of the wound was brought together by two points of interrupted suture. From this last (the fourth) operation most perfect results were obtained. The parts united firmly, and a fortnight later, when the boy came under our observation, only a linear cicatrix was visible, and there was no irregularity in the contour of the lid.—*Med. Times and Gaz.*, Feb. 18th, 1860.

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[1] "Diseases of the Eye," p. 91.

LECTURE.

Lectures on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By Athol A. Johnson, Esq , Surgeon to Hospital.

Lecture III.—Surgical Diseases. *Hernia in Children; Statistics; General Remarks on Hernia in Children; Congenital Umbilical Hernia; Adventitious Umbilical Hernia of Infancy; Nipple-like Fleshy Tubercle of Umbilicus; Inguinal Hernia in the Male Child; Congenital Inguinal Hernia; Complications; Hernia Infantilis; Inguinal Hernia in the Female Child; Treatment of Inguinal Hernia; Frequeney of Diseases of the Bones and Joints in Children; Inexpediency of Hasty Excisions of Joints or Amputations in early life; Concluding Remarks.*

Gentlemen: In the present lecture, we arrive at last at the surgical diseases, properly so called. The constitutional peculiarities of childhood impress their character upon these diseases, and modify their progress, their termination, and their treatment. Independent of these modifications, we find numerous affections which are either peculiar to early life, which are then most frequently met with, or, at any rate, which present at this time certain specialities deserving our attention.

Hernia. I hinted in the first lecture that these diseases might be connected with some congenital defect, might arise from injury, or might depend on less obvious causes, constitutional or local. I purpose occupying the greater part of your time today with the consideration of an affection belonging to the first of these divisions; viz., hernia, as it is met with in the child. I do so, because—though I may have little that is absolutely new to offer to you—I have found practically that somewhat vague, not to say erroneous, notions on the subject exist in the minds of certain practitioners, and perhaps, too, I may be able to collect and present to you at one view, with the brevity which a lecture enforces, various facts and observations, most of which exist, indeed, in such admirable works as those of Lawrence, Scarpa, and Cooper, but which are there dispersed and mixed up with the description of the disease as it occurs in the adult.

Hernia is an affection which is very frequently met with in children. According to Malgaigne, within the first year after birth, *one* male child in every *twenty* is ruptured; after the first year, however, the proportion steadily falls, till at the age of thirteen, it has become as low as *one* in *seventy-seven;* beyond this time of life, the ratio begins again to rise.[1] From Mr. Heather Bigg, through whose hands pass about two thousand cases of hernia annually, and to whom I am indebted for much valuable information, I learn that during the past year the proportion borne by his cases of rupture in children to those of adult life, was as *one* in *nine*—the numbers in early life being as follows:—

From 1 month to 3 years	126
From 3 years to 6 years	49
From 6 years to 10 years	34
From 10 years to adult life . . .	15
	224

At this Hospital there have come under my notice 133 cases of hernia (all, of course, in children), 88 of which occurred in males, 45 in females. Though this number may not be very large, it is probably sufficiently so to enable us to institute some comparison with the records of cases at all ages preserved at the Truss Society.

Out of the 133, 66 were *umbilical;* 35 occurring in females, 34 in males; the ages at which they were brought to the Hospital varying from sixteen days to three years, but in the great majority being less than twelve months. As far as *umbilical* hernia is concerned, then, there was little or no difference in the two sexes, the numbers being almost identical. *At all ages*, in the Truss Society's report for twenty-eight years (Lawrence, *On Hernia*), for 2775 cases of umbilical hernia in the female, there were only 664 in the male, or in the proportion of about 100 to 24. In children, then, it would seem that the great preponderance of this form of rupture in the female sex, which is met with in after life, does not obtain.

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[1] The following table is taken from Malgaigne's *Recherches sur la fréquence des Hernies*, etc.:—

From birth to one year, the proportion of cases of hernia in male subjects is as	1 to 20.67
From 1 to 2 years	1 to 29.09
" 2 to 3 "	1 to 36.87
" 3 to 4 "	1 to 55.64
" 4 to 5 "	1 to 59.72
" 5 to 13 "	1 to 77 31
" 13 to 20 "	1 to 41.72
" 20 to 28 "	1 to 30.74
" 28 to 30 "	1 to 20.23

Of *inguinal hernia*, I have had 64 cases, 54 in the male and 10 in the female. This form of hernia is much more common in male than in female children, as 100 to about 18.5. It would appear, however, to be by no means infrequent in girls, being in fact proportionately more common in them than in the grown woman, for *at all ages* the proportion is as 100 to 2.2.

Dr. Küttner, in an article on the influence of sex upon the diseases of children, founded on observations at the Children's Hospital at Dresden, states that the disposition to ruptures appears to be greater in boys than in girls; as, out of 116 cases of navel and inguinal herniæ, 75 were in males and 41 in females. These numbers agree very closely with those noticed at this Hospital; for, as Dr. Küttner does not distinguish between the two forms of hernia, the greater frequency of *inguinal* rupture in the male inclines the balance strongly in that direction.

I have given these statistics, which must, of course, be taken for what they are worth; because, from certain remarks a few months since in a medical journal, it appeared to be the opinion of one of our best informed and most intelligent surgeons that inguinal hernia was not merely very rare in women, *but especially so in young ones;* and though, on the authority of Mr. Kingdon, this statement was afterwards modified, it was added that inguinal herniæ in young females "never become strangulated." It so happens, however, that a case of strangulated inguinal hernia in a young female came under my care at this Hospital in 1856.

A girl, of the name of Jeannette Mairie, eleven years of age, was admitted on July 2d, with strangulated inguinal hernia of the right side. She had been wearing a badly fitting truss, but the bowel had come down on the previous day, and could not be returned. The hernia, when I saw it, was of small size, very tense and tender, and accompanied with the usual symptoms of strangulation. I succeeded at last, though with considerable difficulty, in returning the bowel, and no operation was required.

It will be noticed that I have said nothing of *femoral hernia;* in fact, it is this form of rupture which is really most uncommon in children, whether of the male or female sex. My friend Mr. G. D. Pollock, whose connection with the Truss Society has given him an extensive field of observation in this affection, corroborates this assertion; Mr. Heather Bigg informs me that not one case of femoral hernia in a child has come under his notice; I have never seen a case of it at this Hospital; Lawrence, in his admirable work on *Hernia*, mentions only one case below the age of 12 (our limit at Great Ormond Street); this one having been noticed by Sir Astley Cooper. Still it does occur, and may even become strangulated, requiring the usual operation for its relief. A girl, 8 years of age, was brought to St. George's Hospital in April, 1854, with a strangulated femoral hernia of the right side, of recent origin, for which she had never worn a truss. She was operated on by Mr. Johnson, when a very small knuckle of intestine, coated with lymph, as well as a small portion of omentum, were found in the sac. The case did well.

Before speaking of the particular forms of rupture, I may offer a few remarks applicable to hernia generally as it is met with in the child.

1. With regard to the contents of the sac. These are generally *intestinal*, for the omentum in infancy is short and imperfectly developed, seldom reaching much below the navel. The large intestine too, especially the sigmoid flexure, at this time of life, is comparatively movable, and hence there would be, perhaps, a greater chance of finding this present when the sac is opened.

2. It is in early life especially that a radical cure of hernia may be hoped for and confidently expected, if methodical pressure is steadily maintained for a certain period. In umbilical and congenital inguinal herniæ there is a strong natural tendency of the openings to contract; and if we only prevent the protrusion of the bowel, we may calculate, almost with certainty, on obliteration taking place, on the abnormal channel becoming blocked up. Even in the non-congenital form of inguinal hernia a permanent cure will, in all probability, be effected, for in very early life the development of the pelvis is rapidly inducing changes in the inguinal canal which becomes more and more oblique; the intestines and other abdominal organs are enlarging, and consequently less prone to protrude, and the dilated opening tends to contract, if no unnatural distension of it be permitted, in obedience to the general law by which hollow parts adapt themselves to their contents.

3. In our treatment, we must bear in

mind not merely that early attention implies permanent cure, but also that ruptures in infants, if allowed to remain unreduced, are by no means unattended with danger. Incarceration and strangulation may take place at any age; and though they may be relieved without the use of the knife with comparative frequency in early life, yet, if reduction cannot be effected, the subsequent ill consequences advance with much rapidity, and no time should be lost in having recourse to operation. Mr. Fergusson has been called on to operate on an infant seventeen days old; and Mr. Erichsen in two, under the age of six weeks. At St. George's Hospital, within the last seven years, there have been, in addition to the case of femoral hernia already alluded to, four of inguinal hernia, requiring operation, in children varying in age from eleven weeks to fourteen months; of these, one was *oblique*, the other three *congenital*.

4. The truss to be worn need not, of course, be of anything like the strength required in the adult, but it may be employed, with certain modifications to be alluded to hereafter, with perfect safety in the youngest child, and the sooner its use is commenced, the less the danger of the patient, the greater the chance of his permanent relief. Considerable care, however, is required in the management of the truss; for, in consequence of the rapid alterations taking place in the size of the patient, the truss which at first fits well may soon prove useless, and the cure be making no progress, the patient's life really endangered. I have said nothing of the operation for the radical cure of hernia in children, because, without denying that it may in some cases be called for, I cannot but think that we are seldom justified in having recourse to an operation, by no means absolutely unattended with danger, to effect that which can usually be accomplished without the slightest risk. In the adult, of course, the conditions are different, the chance of cure by compression alone being in their case comparatively small. I may mention that a child has been brought to me on whom the operation had been performed and *failed*, the hernia having been reproduced.

These remarks may seem, perhaps, unnecessary and trifling; but very often, among the out-patients at this Hospital, when an infant has been brought to me with a rupture, I have learned from the mother, that she has been told by medical men and even at public institutions, that "the child was too young to wear anything; that she must wait till the infant was much older."

Umbilical Hernia. This is the form most characteristic of early life, becoming comparatively rare as we advance in years, especially in the male sex. Umbilical hernia may be strictly congenital, or may come on soon after birth; both these forms presenting certain differences from that which is met with in the adult.

Congenital Umbilical Hernia. At an early period of intra-uterine life, the greater part of the intestine is placed inside the root of the umbilical cord, the anterior abdominal muscles being widely separated from one another, especially in the region of the navel. As development advances, the bowel enters the abdominal cavity, and an aponeurotic ring surrounds the base of the cord, which at birth should only contain the urachus and the umbilical vessels. Occasionally, however, it happens that the base of the cord remains of considerable size and continues to lodge some portion of the intestine; we then find a rounded or conical pouch, the top of which corresponds to the umbilical cord, its base to the aponeurotic abdominal ring, which is preternaturally dilated, whilst its sides are composed of skin, of cellular tissue more or less condensed, and of the peritoneum. The size of this pouch may vary very considerably; sometimes it includes the large intestine, the stomach, and even the liver and spleen. More frequently, fortunately, it is of small size, and lodges only a portion of intestine. It has been a question in this, and, indeed, in the other forms of umbilical hernia, whether any covering of peritoneum is present, whether in fact a sac exists. Unquestionably it does, the error of those who maintained a contrary opinion having probably arisen from an idea that the vessels of the cord perforate the serous membrane as they enter the abdomen, instead of having a reduplication of it thrown around them. Still, from the thinness of the coverings and the close connection between the peritoneum and the integument at the seat of the cicatrix, it is difficult at this point to trace the distinction between the two, and much caution is necessary if we are called on to operate.

Treatment. If the protrusion is extensive and embraces other viscera besides the intestine, the chance of the child surviving becomes very small, especially as this condition is often combined with other malformations prejudicial to life; though cases are on record in which a spontaneous cure has occurred even when a portion of the liver has been prolapsed. If, on the other hand, the case is uncomplicated, if the tumor is small, and includes only a moderate amount of intestine, the chances are more favourable. In dividing the cord, care must be taken not to include any portion of the protruded bowel in the ligature; for, if very small, its presence may be overlooked, and the intestine may be, and has been, fatally injured. The hernia having been carefully returned, pressure may be applied by means of suitable compresses, and the parts kept in position by bandages or plasters. Under this treatment, the stump of the cord may be expected to separate in about a week after birth without the bad consequences which would result if the intestine were still prolapsed.

Adventitious Umbilical Hernia of Infants. Even if no hernia exist at the time of birth, it may make its appearance soon afterwards; for the aponeurotic opening through which the umbilical vessels pass is not at once obliterated on the formation of the cicatrix; its contraction and the consolidation of the parts around proceeding gradually, and requiring a certain time before they gain the power of resistance which is met with ultimately. During this period, the intestines, becoming distended by the food they receive, and compressed by the action of the abdominal muscles, may be protruded through the umbilical opening, which offers less resistance to their impulse than any other portion of the linea alba. Hence it is, that this form of hernia occurs most frequently within the first year of life. In the adult, on the other hand, the navel is so firm and solid that the hernia, unless it has continued from infancy, is more likely to take place above or below the proper umbilical opening, but more frequently above, in consequence of the greater breadth of the linea alba in this situation. Even in children, however, the rupture is not invariably situated at the umbilicus itself; in a child of the name of Eva Beckford, aged three, who was under my care, the hernia occurred distinctly above the navel.

The contents of the sac consist usually of intestines; in a case, however, related by Cabrolius, where the child, a female, had been born with obstruction of the urethra, a navel rupture had formed consisting of the bladder, which soon gave way externally, so as to form a urinary fistula in this situation. The child grew up, and, at the age of eighteen, the urethra was opened by operation, the urine resumed its natural course, the umbilical tumour subsided, and the fistula closed.

With respect to the treatment, it may be remarked that owing to the natural disposition of the ring to contract, a cure may take place independently of any interference on the part of the surgeon. It would not, however, be safe to trust entirely to nature; for, if the ring is kept habitually distended, its contractile tendency will gradually be lost, and the opening remain permanently patent. To insure a cure we must at once return the protruded bowel, and keep it reduced. For this purpose the ligature was at one time employed; but, though Desault warmly supported this operation, its consequence in the hands of others was so injurious, that its use is now generally abandoned, compression offering a safer and equally efficacious means of relief. In very young infants, and when the rupture is slight, covering the part freely with pure collodion may occasionally prove effectual. As this, however, cannot often be depended upon, we must usually employ more decided pressure, which may be applied by means of a piece of cork or some similar substance, secured by the aid of plasters; or, better still, by a shield of gutta percha with a nipple-shaped projection in the centre, like these, which were constructed by Mr. Braine, our most intelligent house-surgeon. A very efficient, and at the same time inexpensive instrument also, is the one I show you, consisting of a pad inserted in a broad band of elastic material, which is made to lace behind so as to adapt it exactly to the individual case; this can be managed with sufficient ease by a mother of ordinary intelligence, to insure a ready cure. Should strangulation occur, and an operation be required (which, however, is most improbable), it might perhaps be as well to try and relieve the stricture without opening the sac, as the chances of recovery in the adult appear to be increased by this procedure.

Nipple-like Fleshy Tubercle of the Umbilicus. I venture to introduce here a few words respecting a troublesome affection of the umbilicus, which might possibly be mistaken for hernia, and of which I have seen several cases, though the only notices of it I have met with are by Lawrence, who shortly alludes to it, and by Sir Astley Cooper, who devotes a few lines to it under the name of fleshy tumour of the navel. In these cases we find, rising from the centre of the main umbilical depression, a stout, nipple-shaped papilla, or tubercle, of uniform thickness, which may be nearly an inch in height, and about as much in circumference. It is firm in substance, of a florid red colour, moist on the surface, and discharging a mucous secretion, the reddened surface becoming continuous at its base, by an abrupt and well defined line, with the ordinary skin. Occasionally, there is an aperture at its summit, through which I have passed a fine probe, for the distance of two or three inches; in no instance, however, have I found it lead to the bladder, nor have I seen any urine passed through it. In other cases, the tubercle has been quite solid, without any central opening. There is usually no pain in the part, except when it is handled. The constant secretion, however, as well as the bleeding, which readily occurs on any friction by the clothes, render it a source of considerable inconvenience. The condition is said to be congenital, or at least noticed from the time of separation of the cord. I have seen it at 2, 3, 5, and even as late as 7 years of age, in children of whom all previous treatment by various practitioners had been unsuccessful.

The application of nitrate of silver (solid or in solution), of sulphate of copper, etc., I have always found to fail in curing it. In some cases, however, I have succeeded, by means of the acid nitrate of mercury repeated several times; but the most certain way is, to include its base in a ligature, when the dead part separates in a few days, leaving a healthy surface behind it, which soon cicatrizes. I have had no opportunity of examining the exact nature of this tubercle; it does *not*, however, belong to the class of nævoid or erectile tumours, though the moistened surface bleeds readily, as I have already mentioned. Sir Astley Cooper states that, in a case of this kind brought to him from the country, at the age of seven, he "found it arose from the circumstance of the funis being so long as to project beyond the skin of the navel, which prevented its cicatrization."

Inguinal Hernia in the male child may be *oblique*, rarely, if ever, *direct*. That common oblique hernia really occurs in very early life is demonstrated occasionally during operations. In 1852, Mr. Cæsar Hawkins found this form of rupture in an infant eleven weeks old, on whom he operated at St. George's Hospital; and Mr. Lawrence notices the same fact. In the great majority of cases, however, the hernia is "*congenital*," though in truth this term is not strictly correct, as the rupture may not actually occur till a very considerable period after birth. In this case the protruded parts descend along the canal of communication between the peritoneum and the tunica vaginalis, which has not become obliterated, the bowel coming into direct relation with the testicle, which appears, as it were, contained within the sac. The testicles, it is well known, are originally formed in the abdomen, where they are situated immediately below the kidneys, and it is not till about the fifth or sixth month of fœtal life that they begin to shift their position, traversing the inguinal canal during the eighth month, and towards the end of the ninth reaching the bottom of the scrotum, where they are usually found at the period of birth. The natural alteration in the position of the testicles requires corresponding changes in its serous covering—the tunica vaginalis. This membrane, which originally formed part of the peritoneum, still communicates with it for a short time after the gland has reached the scrotum; soon, however, the communication becomes cut off, and at birth the upper end of the canal is *frequently*, but by no means *invariably*, closed. According to the observations of Professor Engle, the canal is closed at birth in ten per cent.; but more constantly, or at any rate more completely, on the left side than on the right. In this way, perhaps, the greater frequency of inguinal hernia on the right side may, to some extent, be accounted for, since it may be noticed that in infants, as well as in adults, inguinal hernia is much more frequently met with on the right side than on the left, and it is evident that the cause for this difference usually assigned—namely, "the employment of the right side in those offices of life which require the most powerful exertion"—will hardly apply in the case of infants. At the end of a fortnight, no trace of the canal was to be found on the left side in 30 per cent., whilst in 60 per cent. it remained open on both sides. In the adult, the vaginal canal, or some remains of it, was discovered in 31 per cent. of the bodies examined. The tunica vaginalis, then, may continue, even for years, to retain its connection with the peritoneum, as it does permanently in quadrupeds, with the exception of the chimpanzee, the only one of the brute race, according to Owen, which resembles man in having the vaginal tunic closed. If this communication is of small size, it may allow only of the passage of fluid to or from the peritoneum, giving rise to what is called *congenital hydrocele;* but if of larger dimensions, some of the abdominal viscera may possibly descend through it, constituting *congenital hernia.*

We must bear in mind, also, that it not infrequently happens that the descent of the testicle may be arrested or incompletely performed, and the gland may remain in the inguinal canal, or even entirely within the abdomen. Should we find, therefore, a swelling in the groin, we should ascertain the position of the testis before we hastily pronounce the case to be one of hernia, lest we subject this gland to the pressure of a truss, as I have seen in more than one instance, neither to the advantage nor to the comfort of the patient. At the same time, we must remember that the imperfect descent of the testis may depend upon the presence of adhesions to the bowel, and the case be complicated, by the co-existence of hernia, adding considerably to the difficulties of our treatment. Moreover, a scrotal hernia may undoubtedly take place whilst the testicle is still retained in the abdomen. Mr. Heather Bigg informs me that he has lately attended a family where two of the sons have had, and been cured of, inguinal hernia of the right side, the testicle never having descended; the father in this case has only one testicle in the scrotum, but has never suffered from rupture.

Occasionally it happens that *encysted hydrocele of the cord* is mistaken for hernia, for if the cyst is placed at the abdominal ring, or even inside the inguinal canal, the diagnosis from hernia becomes often really difficult. The most characteristic point of difference would probably be, the comparatively fixed position of the hydrocele, which can neither be brought completely down into the scrotum, nor yet be forced entirely within the abdomen, as would happen with a reducible hernia. Mr. Curling, in his valuable work *On the Testis*, relates an interesting case where an acute hydrocele of the cord was mistaken for strangulated hernia, and an operation at one time contemplated. On the other hand, it is possible that an irreducible hernia may resemble and be taken for an encysted hydrocele, as in the case of a boy related by Sir Astley Cooper.

Hernia Infantilis. There is a variety of inguinal hernia which I ought to mention, as it has received the special name of infantile hernia. This, however, is by no means peculiar to infants, and not often met with at this, nor indeed at any age, though Hey, by whom it was first recognized and described, having noticed it in the body of a child who died of this affection at the age of fifteen months, gave to it the name it now bears. The infantile differs from congenital hernia in the fact, that the serous canal of communication has been closed to a certain extent, and there is a distinct and separate hernial sac, formed of peritoneum, protruded, in its descent, from behind into the tunica vaginalis, which as it were overlaps it. On opening the vaginal tunic, therefore, we do not come at once upon the bowel, but find it still invested with a distinct pouch of peritoneum, pushing the posterior wall of the tunic before it. In this way, we may have to divide *three* layers of serous membrane before we get into the interior of the sac, before we actually arrive at the protruded viscus.

Inguinal Hernia in the female child is, probably, in most cases of the ordinary oblique form. A projection, however, of peritoneum into the inguinal canal, according to Professor Meyer, takes place in the female as well as in the male fœtus; and, though less considerable and undergoing its changes much earlier—as soon, perhaps, as the fifth month of intra-uterine life—such a diverticulum may still be found occasionally at birth passing through the abdominal ring in connection with the round ligament. Wrisberg discovered in 19 out of 200 female bodies such a serous canal, existing usually on both sides, occasionally only on one. It is possible, therefore, that a hernia in female children may, in some cases, descend through these diverticula, and may constitute a kind of congenital hernia. Diagnostic marks, however, by which we may be enabled to recognize it, are absent, and we cannot be confident that the existence of such diverticula would materially favour the production of a rupture.

In inguinal hernia, in the female, it may be well to remember that the ovary may descend through the canal, and form the hernial protrusion. In a case related by Billard, occurring in a female infant, a rounded tumour was noticed in the left groin, which was found, after death, to consist of the left ovary, which had passed through the canal and abdominal ring, both of which were decidedly enlarged. The ovary and extremity of the Fallopian tube were lying free at the bottom of the hernial sac, which was formed of a prolongation of the peritoneum, with the cavity of which it freely communicated.

Treatment. In inguinal hernia in the male, as well as in the female, we must bear in mind that a large proportion of the cases, in very early life, is capable of being cured, and consequently it is to this end that our treatment should be directed, with every hope of a permanently successful result. For this purpose, compression should be commenced as early as possible, and maintained constantly by night as well as by day. Under ordinary circumstances, the kind of truss to be adopted may be that for the opportunity of showing you which I am indebted to the kindness of Mr. Heather Bigg. Its principle is that of a slight metallic spring, softly padded, encircling the pelvis about an inch and a half below the crest of the ilium, and terminating at one extremity in a pad of a fungiform or pear shape, the upper portion of which rests against the hernial orifice, whilst the lower passes under the perineum, and is attached to a small hook on the opposite side. The advantage of this special form of truss for hernia in infancy is, as Mr. Bigg remarks, "that the pad not only entirely closes the inguinal canal, but produces a slight uplifting of the perineum, which more than anything tends to prevent the hernia escaping from the inferior margin of the inguinal ring." When the child is a little older, say upwards of three years of age, the fungiform extremity may be dispensed with, and the under-strap fastened to the same side as that on which the hernia exists.

In using these trusses, which may be covered by oiled silk, to prevent their being spoiled by moisture, we must not forget the fact that the pelvis in children is undergoing rapid changes; we must examine the case, therefore, carefully from time to time, and change the truss as soon as it no longer serves its purpose. We must endeavour, also, as far as possible, to enlist the intelligent aid of the mother or the nurse, to impress upon them the necessity of constant care and watchfulness on their part in maintaining effectual compression. The period required for a *cure* cannot, of course, be accurately laid down beforehand. The younger the infant, and the more effectually the hernia is prevented from protruding, the sooner will obliteration of the opening occur; it is probable, too, that a cure will take place the more readily if the hernia is congenital rather than oblique. In some cases, occuring almost immediately after birth, when there has been a difficulty in procuring or in wearing a truss, I have employed a pad of wax, moulded when warm to the shape of the parts, or an air-pad, as suggested by Mr. Erichsen, and secured by means of a flannel or partially elastic bandage, kept in its place by a perineal strap of wash-leather. Or, when the rupture is slight, we may employ an elastic belt, lacing behind and fitted with a fungiform pad as well as with a perineal band, like the one I show you, which was made by Mr. Heather Bigg, at my suggestion. If, in such cases, this or some similar plan is adopted at once, and maintained, so as entirely to prevent the descent of the hernia, even for a week or two, there is a considerable chance of the tunica vaginalis becoming separated from the peritoneum; if not, the sooner the use of the steel truss is commenced the better.

Where the hernia is complicated with partial or complete retention of the testicle, its management often becomes more difficult, and may require special modifications, adapted to the individual case. Sometimes, if the testicle has sufficiently cleared the external ring, a truss may be so adapted as to prevent the rupture from descending without pressing on the testis, or without allowing it to re-enter the inguinal canal. If, however, this cannot be managed, if the intestine is closely adherent to the testicle, and the two cannot be separated, it is advisable to endeavour to return *both* into the abdomen, and retain them there by means of a truss. In those cases where a rupture has occurred without the testicles having shown themselves at all, it is better also, I believe, at once to apply a truss, and disregard the consequent retention of the testis. It is true that it is desirable, if practicable, that the testicles should be placed in the scrotum rather than in the abdomen. The moral effect of the absence of these glands is considerable, and their development is probably favoured by their existence in their normal position; but, if much delay has occurred, the transition of these organs is seldom perfectly accomplished, adhesion to the intestine is frequently met with, and the persistence of the gland in the groin, complicated as we suppose it to be with rupture, is attended with greater inconvenience, and even with greater danger to life, than its complete retention in the abdominal cavity.

There is no time left for me even to enumerate the other surgical diseases which come under our care at this Hospital; I can only say that they are numerous, complicated, and important. In the eye, for instance, besides congenital cataract, we have the ophthalmia neonatorum and strumous ophthalmia peculiar to early life; and that the affections of the genito-urinary organs (to which I hope at no distant period specially to call your attention) contribute in no mean proportion to our operative surgery, this collection of calculi, removed by me at this Hospital, will serve, I think, to demonstrate. Our great surgical *cheval de bataille* is, however, no doubt the disease of the bones and of the joints. The spine, the hip, the knee, the ankle, with, occasionally, the articulations of the upper extremities, are the parts the affections of which principally fill our surgical beds; for there the white-swellings of our older writers abound, there caries may be said to revel.

Diseases of Bones and Joints; Inexpediency of Hasty Operations in Children. It is true that these diseases may appear tedious in their progress, that the succession of patients is not rapid, and that the beds are occupied for a long time by the same individuals; it does not follow, however, that the diseases are devoid of interest, that much may not be learned from their study, or that relief from suffering, rescue from deformity or mutilation, and even preservation of life, may not be accomplished by their steady investigation. It is in children especially that a cure may be hoped for, even in most aggravated forms of disease of these parts; for in children the plastic powers of nature are so great that recovery may take place when in the adult any such hope can scarcely exist. I have no hesitation in owning that, when I first became surgeon to this hospital (not so many years since), I was less unwilling to have recourse to operations than I am now. In recent times, what is called conservative surgery has made much progress, and a joint is now excised, where, formerly, the extremity would have been sacrificed. This is, no doubt, a great improvement, but after all, the most really conservative surgery is, *to save the joint as well;* and this, I feel perfectly certain can, in early life, with care, time, and perseverance on the part of the surgeon, be accomplished much more frequently than is generally supposed. I need scarcely dwell on the advantages of this preservation, if it be practicable; to say nothing of our avoiding the risk of an operation, which is always appreciable, and in the knee is considerable even in children, the length and proportions of the limbs are preserved, and a considerable amount of motion in the joint may ultimately, in almost all cases, be obtained.

In the adjoining room you may see a few examples in illustration of this restorative power on the part of nature. In one child, Alfred Thistleton, in whom the destruction of the parts about the joint was so extensive, the fever so severe, and the health so much impaired, that at one time I was on the very point of proposing excision, you will see that the child is now stout and well, that the limb is a very useful one, and the knee is only partially stiff. The relations have brought these children here to-day for inspection; for it is now many months since some of them were discharged from the hospital, and, consequently, the lapse of time enables you to see that the cure is a permanent one. It is, in fact, I may mention by way of parenthesis, one advantage that we enjoy here, that we are usually able to keep sight of the case long after it leaves our wards, that we are able to watch the changes which subsequently occur, and, in cases of operations especially, to judge of their ultimate results; a great advantage, and one but too frequently overlooked or found impossible in hospital patients generally.

Whilst writing this lecture, I was glad to find my views on this subject corroborated and confirmed by a most eminent surgeon in Dublin, and one whose opinion might have been expected to incline differently, for he has been the great and successful advocate of excision; I mean Mr. Butcher. In his recently published *Third Report on Operative Surgery*, Mr. Butcher states, that it is "impressed strongly upon his mind, nay, that it is his sincere conviction, that these severe operative measures will very seldom indeed be either warranted or called for" in children. That "repair in the young is to be looked forward to, to be depended upon as a certainty," and consequently that there should be "no hasty removal of diseased joints" in childhood.

Among the poorer classes, it is true, we have many disadvantages to contend with. Time, good air, and good living, are three great requisites in aid of our surgical treatment, but the demand for our beds is so urgent, that the first can seldom be afforded within the Hospital; and, as an out-patient, the child will seldom enjoy the two last, whilst it is deprived also, too often, of systematic care and of judicious nursing. Such impediments to success, as we cannot pretend to ignore them, must be fairly encountered and grappled with; difficulties exist in all cases, and in every sphere of action; it is the part of him who hopes to succeed in life, or who strives to conscientiously perform his duties, to be prepared for difficulties, to exert himself to his utmost to overcome them.

In bringing to a conclusion the first course of lectures ever delivered at this Institution, I may briefly state that they were undertaken because my colleagues, as well as myself, were most anxious to render generally available any information which this Hospital may afford; because we felt that our position here involved a trust, and that our offices had been bestowed upon us, not for our own individual advantage, but with the hope that we might contribute something to the knowledge of the diseases of children, and of their treatment.—*British Medical Journal*, Jan. 28, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Fiske Fund Prize Essays.—At the annual meeting of the Rhode Island Medical Society, held July 11, 1860, the Trustees of the Fiske Fund announced that two premiums, of one hundred dollars each, had been awarded—one to a dissertation on Diphtheria, by Daniel D. Slade, M. D., of Boston, Mass.; and one to a dissertation on Uræmia and its morbid effects, by Wm. W. Morland, M. D., of Boston, Mass.

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Army Medical Board.—A Board to consist of Surgeons C. A. Finley, R. S. Satterlee, and C. S. Tripler, has been ordered to assemble at Baltimore on the 20th of September, for the examination of assistant surgeons for promotion, and of candidates for appointment to the medical staff of the Army. Applications must be made to the Secretary of War.

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Medical College of the State of South Carolina.—It is stated (*Charleston Med. Journ.*, July, 1860) that Dr. J. E. Holbrook has resigned the chair of Anatomy in this school, which he has long filled with signal ability.

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Middle Georgia Medical College.—This is the title of a new institution recently inaugurated at Griffin, Geo. It is the fifth medical school in that State.

The chairs have been filled as follows:—*Anatomy*, L. L. Saunders, M. D.; *Surgery*, J. T. Banks, M. D.; *Mat. Medica and Therapeutics*, R. B. Gardner; *Medical Jurisprudence*, S. H. Saunders, M. D.; *Physiology and Patholog. Anatomy*, F. O. Donnelly, M. D.; *Med. Chemistry*, L. J. Roberts, M. D.; *Inst. and Pract. of Med.*, E. F. Knott, M. D.; *Obstetrics*, T. M. Darnall, M. D.; *Diseases of Women and Children*, M. J. Daniel, M. D.

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Brooklyn Medical and Surgical Institute.—This is the title of a second medical school chartered during the last session of the New York legislature, for the purpose of establishing and maintaining an Infirmary and Medical College, with powers to grant the degree of Doctor in Medicine.

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Medical Department of Baker University.—A new medical school with this title is announced as organized at Leavenworth City, K. T.

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New York Journal of Medicine.—This Journal, which, during its long career has always been conducted with ability and maintained an elevated and dignified position, has, we regret to learn, been discontinued. It is to be succeeded, however, by a weekly publication.

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American Medical Times.—This is the title of a weekly Journal which is to replace the *New York Journal of Medicine.* It is under the editorial management of Dr. STEPHEN SMITH, a former able editor of the *New York Medical Journal*, Dr. GEO. F. SHRADY, and Dr. ELISHA HARRIS. The first number, which we have before us, is well supplied with interesting matter, and is issued in a style equal to the best of the London medical weeklies. If continued, and we have no doubt that it will be, as it has commenced, it will deserve and will surely achieve success. The publishers are Baillière Brothers.

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Cincinnati Lancet and Observer, and Cleveland Medical Gazette.—An arrangement has been effected between the editors of these two journals by which there is to be a joint editorship, and the contents of the two journals will be the same; but each is to appear under its former name, simultaneously, one at Cincinnati and the other at Cleveland. Thus these two journals have actually been consolidated, though appearing under two different names.

FOREIGN INTELLIGENCE.

Death from Chloroform.—The *Medical Gazette* of Lisbon gives an account of a case of death from chloroform, being the first which has occurred in Portugal. The victim was a man aged twenty-nine years, from whom was to be extracted two small cysts from the upper eyelid.

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Catheterism of the Larynx in Diphtheria.—A very careful investigation of this method of treatment has just been concluded. It had been carried on by a committee appointed by the Medical Society of the Hospitals of Paris, in order to answer the following question put by the Director-General of Hospitals: Has catheterism of the larynx in diphtheria, as recommended by M. Loiseau, been successfully employed in the hospitals of Paris? The committee was composed of Messrs. Béhier, Monneret, Roger, Sée, and Barthez, the latter of whom drew up a very careful report filled with interesting facts, and very legitimate deductions.

The committee think that M. Loiseau's treatment is not so successful as might, from his assertions, have been expected. The local manifestations have sometimes been favourably modified by it; but it does not check the disease—does not prevent its transformation into croup, and is not more efficacious than the remedies usually employed. The catheterism of the larynx, as practised by M. Loiseau, is not a difficult operation, and has afforded temporary relief to some patients. It has cured four out of twenty-six cases; whilst tracheotomy and the internal treatment were successful in nine cases of these same twenty six, after M. Loiseau's treatment had failed. The operation is not free from danger, as it caused the instantaneous death of a child upon whom it was performed. This catheterism, in several cases, did harm, and had to be followed by tracheotomy. The committee are, therefore, of opinion that this mode of treatment cannot as yet be substituted for the means hitherto employed, and should not, as M. Loiseau wishes, make us give up the administration of internal medicines; nor should tracheotomy be replaced by this method, as the operation is pre eminently useful in surgically removing the obstacle which prevents the air from reaching the lungs.—*Lancet*, July 14, 1860.

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Piperin in Intermittent Fever.—Dr. Meli, of Venice, as the results of numerous experiments, comes to the following conclusions: 1. The febrifuge power of piperin is both energetic and rapid. 2. Its activity is much greater than that of cinchona. 3. It is more convenient than cinchona, and its succedanea, exhibiting a great activity in a very small compass. 4. It neither changes, retards, or suppresses any secretion, or excretion. The alvine dejections are regularized, and the urinary secretion is rendered active.—*Med. Times and Gaz.*, July 7, from *Presse Belge*, No. 22.

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Iodine in Ill-conditioned Wounds.—M. Marchal communicated to the Academy the formula he makes use of as a disinfecting application in ill-conditioned wounds. The compresses may be moistened without its being necessary to remove them, thus avoiding exposure to the air. Iodine, 1 part; iodide of potassium, 2 parts; distilled water, 1000 parts.—*Journal de Chém. Méd.*, May, 1860.

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Hydropathy.—Until Professor Liebig directed attention anew to the action of oxygen on the human body, the causes of success or failure in hydropathy were unknown. The greatest possible action of the skin is produced under hydropathy, on the system by baths: large quantities of water are taken, and by these means the action of oxygen on the body is promoted to a very high degree, and death ensues, if ever the system is unable to furnish matter to resist the action of oxygen.—*Med. Times and Gaz.*, July 7, 1860.

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Chloroform as a Hypnotic—Opium and lactucarium are almost the only two agents which induce sleep by a special sedative action; and they both have their inconveniences as well as their highly valuable properties. A hypnotic without these inconveniences would prove an agent of great value, and M. Fonssagrives, of Cherbourg, believes that chloroform is that agent, judging from his having used it with constant success since 1854, when it was recommended by Dr. Uytterhaven, a Belgian practitioner. Sleeplessness arises from different causes; sometimes it is the result of the persistence of a painful symptom which forcibly excludes repose; at others it constitutes an entirely nervous symptom originating in some moral sufferings, absorbing preoccupation, or too prolonged or too active intellectual exertion; while at other times it proceeds from a vicious habit of the cerebral centre. The sleeplessness becoming a cause of sleeplessness; or, finally, the sleeplessness may result from the abuse of hypnotic remedies, or may be an epiphenomenon of certain acute diseases. It is in these latter cases that chloroform is of especial service. The dose is small but effectual, namely, from five to ten drops.—*Bull. de Therap.*, tome lvi.

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Enormous Hypertrophied Spleen.—M. Sappey exhibited to the Biological Society of Paris a hypertrophied spleen weighing 14 lbs. 4 oz., and measuring 13 inches in length, 9 inches in breadth, and 5 inches in thickness. Mr. S. estimates the average weight of normal spleens to be 6½ ounces.

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Triplets.—On the morning of the 9th of July, Esther Mackintosh, the wife of a shoemaker, was safely delivered of three full timed female children, by Mr. Tyley, of the Middlesex Hospital, all of whom are living, and together with the mother doing well.—*Lancet*, July 14, 1860.

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Ozone.—M. Schrötter (Secretary of the Academy of Sciences at Vienna) has discovered ozone in the mineral kingdom. A violet-coloured variety of fluorate of lime, from the stratified granite of Welsendorf, in the Upper Palatinate, on rubbing, gives out an odour resembling hydrochloric acid, and on examination by M. Schrötter has been found to manifest energetically all the reactions proper to ozone. Future researches will be laid before the Academy, in whose reports they will be published.—*Ibid.*

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Vitality of Toads.—Towards the year 1850, a workman, in the neighbourhood of Blois (France), struck a mass of silex with his pickaxe, and saw a live toad jump out of the stone. At that period doubts were entertained as to the supposed indefinite vitality of toads, which had been deduced from the above-mentioned fact; and M. Duméril showed that toads, having cartilaginous ribs, could introduce the whole body where the head would enter. These animals are fond of slipping thus into very small apertures and crevices; and hence the error about their vitality when confined within stone. M. Milne Edwards' father, in order to bring the matter under direct experiment, buried some toads in plaster, and where, from the porosity of the plaster, or the existence of crevices, air could penetrate, the creatures lived several weeks, and even months; one, in fact, lived thus for *eighteen months*, this being the only authentic fact of the kind. When, however, the plaster had neither porosity nor crevices, the animals were always found dead and dried up.

At a late meeting of the Academy of Sciences of Paris, the members present had an opportunity of breaking up masses of plaster, in which M. Séguin had imprisoned a viper and a toad in 1852. Both animals were found dead, and evidently dried up for a number of years.—*Lancet*, July 14, 1860.

Magnesium a Source of Light.—This rare metal inflames at the temperature at which bottle glass softens. According to M. Bunsen the light of the solar disc exceeds that of inflamed magnesium only by 524.7. M. Schmitt therefore recommends the use of the flame as a source of light at night for photographers, especially as the photochemical power of the sun only exceeds by 36.6 that of the flame of magnesium. M. Nicklès (in the *Journal de Pharmacie*) says that M. Schmitt seems not to have considered the volatility of the metal, which, according to Deville and De Bray, has its points of ebullition nearly the same as zinc. —*Ibid.*

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Mr. Alcock and Attempted Murder of Regent of Japan.—Mr. Rutherford Alcock, who was Surgeon of the British Legion in Spain, is now representative of England in Japan. In a very interesting despatch to Lord John Russell on the attempted murder of the Regent of Japan, he writes: "I thought it right, on receiving the official intelligence, to address a few lines of condolence to the Ministers of Foreign Affairs, and of congratulation also, at the escape of the Go-tai-ro out of the hands of the assassins. I added that, possessing some surgical experience, my services should be at the disposal of the Regent; but I have little idea that they will be accepted, nor have I much reason to desire it, under all the circumstances. Yet, looking at the low state of their medical and surgical knowledge, it seemed but an act of common humanity, as well as of courtesy, to make the offer, and I trust your lordship will approve of my having taken this course."—*Ibid.*

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University College.—Professor Lindley has resigned the chair of Botany, which he has held for many years, with great distinction, in this institution.

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Casting Platinum.—MM. Ste-Claire Deville and Debray are still proceeding successfully in casting platinum. At a recent meeting of the French Academy of Sciences they exhibited two ingots of this metal, the two weighing 55 lbs., cast in the same furnace and run into a mould of forged iron. The surface of the metal, which was cast with great perfection, bears the impression of the characters engraved on the mould. These gentlemen say that their experiments prove that platinum can be cast in as large masses as may be desired.—*Med. Times and Gaz.*, July 7, 1860.

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Modern Civilization.—If the seventeenth century stood in need of such help as the establishment of societies, such as these afforded it; surely the nineteenth needs it too. If there were darkness and superstition to be dispelled then, I think I am not wrong in saying that, with an increase of intellectual energy and illumination, there is comparatively as much, if not more, moral and spiritual gloom now. If, a century and a half ago, Sir John Floyer sent the infant lexicographer to Queen Anne to be "touched for the Evil," we have in our days the humiliating spectacle of men, who have been trained in the highest seats of learning, and who have even sipped at brooks that "flow fast by the oracles of God," endeavouring to disseminate a belief in the most debasing dogmas;—a belief in demoniacal agency through the medium of "table turning" "and spirit rapping;" in "coming tribulations," as well as in the silly and vulgar conceits of the disciples of Mesmer and Hahnemann; and mankind were never more eager to become their dupes.—Mr. Gay.—*Med. Times and Gaz.*, July 7, 1860.

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Successful Herniotomy four days after Parturition.—M. Kuhn has published, in the *Gazette Hebdomadaire*, the case of a woman who was confined of her sixth child whilst affected with inguinal hernia of only a few months' existence. On the fourth day after parturition, symptoms of strangulation showed themselves, and M. Kuhn, finding the taxis extremely painful, operated at once, and succeeded in reducing. The woman did perfectly well.—*Lancet*, July 7, 1860.

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Obituary Record.—Died, at Brighton, June 29, 1860, Thomas Addison, M. D., the late distinguished physician of Guy's Hospital, aged about 67.

—— in Paris, lately. Adolphe Lenoir, surgeon to the Necker Hospital, aged 58.

—— Dr. Robert C. Williams, late President of the Royal College of Surgeons of Ireland.

—— on the 5th June, M. S. Buchanan, M. D., one of the most active members and one of the most zealous and successful teachers of the Medical School of Glasgow.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Ligature of the Subclavian.—A case in which the subclavian artery has been tied on account of aneurism of the axillary is at present under treatment in St. Bartholomew's Hospital. The patient is a man of about 50, and of temperament and health favourable to an operation. He is under the care of Mr. Paget. The operation was performed nearly a fortnight ago, and was accomplished, without any difficulty, in the usual method. Since then all has progressed most satisfactorily, the wound has been clean, the man's state good, and the aneurism free from pulsation. The ligature has not yet come away.—*Med. Times and Gaz*, July 14, 1860.

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Prevalence of Tetanus.—Cases of tetanus have been unusually frequent in the London Hospitals during the last month. Whether this prevalence has been the result of mere accident, or of some atmospheric cause, it is impossible to say. June, as is proved by statistical evidence, is one of the months in which usually the fewest cases of this disease occur. Although tetanus is endemic in some hot climates, yet it is beyond a doubt that in England a larger proportion of cases occur during the cold and temperate months than the hot ones.

In St. Bartholomew's Hospital a case occurred a few weeks ago, under Mr. Skey's care, in which amputation was resorted to. The injury which had excited the disease was a severe crush of the arm; and the state of the parts to a considerable extent removed the hesitation which would otherwise have been felt as to so serious a measure as amputation of a limb with but a doubtful chance of benefit. The amputation was performed within twenty-four hours of the

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first appearance of tetanic symptoms, and these latter had come on thirteen days after the injury. The patient was a boy, aged 14. At the time of the operation there was stiffness in the back of the neck, and spasm of the muscles of the chest and abdomen, but none of the muscles were severely or painfully contracted; the pulse was rapid, and not less than 130 in the minute. The patient seemed better during the twenty-four hours following the operation (the limb having been removed just above the wrist). Brandy, laudanum, and ammonia, were freely given, but the boy sank on the fifth day of the disease.

A second case died a few days ago in St. Bartholomew's, in which treatment by the woorara had been adopted. The patient was a boy, and under the care of Mr. Lloyd.

In the London Hospital three cases have recently occurred, and all of them have ended fatally. The third was a man, aged about 37, under the care of the writer. The symptoms followed an incision into the great toe, to evacuate matter which had formed in consequence of a burn received the week previously. It is doubtful, therefore, whether the burn or the incision were the exciting cause of the tetanus, and, consequently, whether the interval between the cause and the outbreak was a week or a fortnight. It is an interesting fact, that the man's father died of tetanus consequent on an injury to the thumb. The case was throughout a severe one, but the man lived on to the twelfth day, and there was at one time some hope of his recovery. The treatment pursued was a single-bedded ward, and great quietness; the free use of tobacco, by smoking; and the internal administration of quinine in large doses, and of opium and ether in moderate ones.—*Ibid.*

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Preservation of the Hip Joint by the removal of Diseased Bone.—A most instructive case of apparent hip-joint disease, in a married woman, twenty-three years of age, was admitted into University College Hospital in February. The patient was a delicate, pale, and emaciated person, who had been sent up from Kent to have the hip-joint excised. She had been the subject of strumous disease in early childhood, particularly around the ankle-joint, which had caused shortening of the affected limb. In other respects, her general health was not bad. About two years ago, she complained of pain in her right hip-joint, which was shortly after followed by an abscess on the upper and outer part of the thigh, simulating hip-joint disease. The abscess burst, and there remained a fistulous aperture just below the insertion of the tensor vaginæ femoris muscle, leading apparently to the hip-joint, but in reality not so. On careful examination, under the influence of chloroform, the mobility of the joint was found to be perfect, as it could be freely moved in every direction, with an absence of any grating sensation. The head of the thigh-bone was in its natural situation, and the shortening of the limb was clearly the result of the ankle disease in early life. A probe entered into carious bone, but not into the joint itself, and the disease appeared to be limited to the great trochanter. There was no evidence of its extension within the capsular ligament, although very close to the joint.

If left to itself, Mr. Erichsen believed that the disease would extend upwards to the articulation, and he therefore had no hesitation in endeavouring to remove the affected parts of the bone. This case, he observed, resembled a class of cases very commonly met with—namely, caries of the cancellous structure of the head of the tibia, wherein the morbid action extended very close to the encrusting articular cartilage, but which latter escapes if the disease is removed in time, and the knee-joint is left intact. On laying open the parts, after chloroform was given, the condition suspected was found to be present. A cavity existed in the great trochanter, which was well cleared out by means of Marshall's osteotrite; but the disease actually extended some way up the neck of the femur, and was entirely removed, leaving a clean, smooth, hard, and healthy surface behind. This cavity was an inch and a half in depth. The posterior and outer edges of the trochanter were removed with forceps. The wound was now stuffed with lint, and the patient removed to bed.

The diagnosis was therefore proved to be correct, and the best measures resorted to for the woman's safety. Free suppuration followed, the wound slowly filled up by granulation, and by the 28th of March it had entirely healed, excepting a single fistula passing behind the trochanter. The back of the thigh had been supported by a pasteboard splint, and the patient was sitting up, much improved in her general health under the use of cod-liver oil and quinine, with unimpaired mobility of the joint.—*Lancet*, July 28, 1860.

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Amputation at the Hip Joint in a Young Child.—A very healthy child, aged fifteen months, was admitted the other day into the London Hospital, having had his left thigh frightfully crushed by the wheel of a brewer's dray. There had been very profuse hemorrhage, and the child was collapsed and scarcely conscious. The soft parts being lacerated so high up that there was no possibility of performing amputation below the hip-joint, Mr. Ward at once placed a ligature on the femoral artery below Poupart's ligament, and then proceeded to exarticulate the shattered member. Scarcely any blood was lost during the amputation. The child, however, remained in spite of the freest use of stimulants by injection, etc., in a state of collapse, and death took place a few hours afterwards.

On examining the limb the femoral artery and veins were found torn across. The sciatic nerve and its branches were entire, though much bruised. There was a complete separation of the epiphysis of the lower extremity of the femur. The knee-joint had been laid open extensively in front, but the crucial ligaments were entire, and had prevented a complete luxation. It may be doubted whether amputation at the hip-joint has ever before been performed in so young a subject. The precaution which Mr. Ward took of first placing a ligature on the femoral artery is a very important one.—*Med. Times and Gaz.*, July 14, 1860.

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Operation for Strangulated Hernia in a Young Infant.—It is not a very rare occurrence, as the readers of the Hospital Reports published in our columns will be well aware, for the inguinal hernia of infants to become strangulated, and require relief by operation. We have recorded during the last six years probably not fewer than a dozen cases. Another instance came under notice in the London Hospital a few weeks ago, the facts respecting which are briefly as follows:—

James J., an infant of ten months, in fair health, was admitted under Mr. Luke's care on account of an inguinal hernia on the right side. The rupture had been irreducible for two days, and the symptoms of strangulation were well-marked and severe. There had been no action of the bowels, and although the child took the breast greedily, it always retched violently afterwards. It appeared that the hernia was of the congenital form, as it had existed since birth. The infant had worn a truss, but had been without it for several weeks. Having failed in endeavouring to effect the taxis, Mr. Luke cut down upon the external abdominal ring, and notched it, after which reduction was easily accomplished. The sac was not opened, the wound made was very small, and scarcely any dissection was required. The child's symptoms wholly subsided after the operation, and within a week it left the Hospital quite well. The advantages of the operation without opening the sac, were well illustrated in the rapidity of the infant's recovery.—*Ibid.*

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Unusual Case of Stone.—A very curious and interesting case of stone was submitted to the ordinary lateral operation, for the second time, on the 7th inst., by Mr. Fergusson, at King's College Hospital. The patient was a lad aged fourteen, who had been cut for stone ten weeks before by the same surgeon, and two calculi of irregular shape extracted, but evidently portions of one stone, which weighed together nearly four ounces. This had not been detected before his admission. He went on well for two weeks, when he was suddenly seized with pain about the neck of the bladder, and this was followed by discharge of matter from the wound and also from the urethra. The pain extended up along the ureter to the kidney and right side of the belly; he, however, got well in two or three days. As the urine ceased to flow from the wound, he complained of pain at the neck of the bladder; and Mr. Fergusson again detected, without difficulty, a stone, which seemed to be too large to have passed from the kidney in such a short time; and it appeared doubtful to him whether he had not left a fragment in the bladder. He believed it better to submit him to another operation, and a long finger-shaped stone was removed, which broke in two in getting it away. It was formed over a nucleus of the size of a Barcelona nut, the diameter of which was nearly equal to the short axis of the calculus itself. It appeared most certainly too large a stone to have formed in the bladder in so short a time as ten weeks. The nucleus was evidently from the kidney, and may have given origin to the calculus at the lower part of the ureter, thus forming an abscess which had burst into the bladder. The patient has progressed very well, and will probably make a good recovery. We may remark that Mr. Fergusson cut through the old cicatrix, as we have seen Mr. Price do at the Great Northern Hospital on his second and third operations upon the same patient.—*Lancet*, July 28, 1860.

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Rheumatic Pericarditis.—A well-marked example of this common result of rheumatism was observed lately in St. Bartholomew's Hospital. The subject of it (now convalescent) was a coalheaver, aged seventeen, who was admitted on the 30th of January, under Dr. Farre's care, with a second attack of rheumatism, the first having occurred four years ago. The present attack commenced in the heart, for there was very little, if any, affection of the joints—in fact, no attention was paid to them in consequence. The lad was very pale; there was a good deal of cardiac dulness, but no effusion into the pericardium, and no distress. Friction sound was general over the heart. This gradually ceased, commencing at the apex, and thence proceeding towards the base, so that on the fifth day it had disappeared. On the sixth, however, it could still be heard over the base. The pulse has been regular, and beats 100. The substance of the heart itself was unaffected. He was put upon digitalis and antimony for the first four or five days, to keep the action of the heart moderate; and calomel and opium were given; but the gums did not get sore even with the use of mercurial ointment. A blister removed all the pain. By the 5th of February, the friction-sound, as stated, had wholly ceased, but it returned at the base on the 6th, showing that the probable adhesion of the opposed surfaces was not complete. Dr. Farre believed that more benefit was to be derived, in a case of this kind, from blistering than leeching, and accordingly repeated the former, with mercurial liniment. At this time the pulse had fallen to 84. On the 13th of Febuary, the friction sound was still present at the base, heard on a level with the nipple close to the sternum; pulse 80, regular; and there was a little crepitation heard at the base of the right lung posteriorly, but not in the left. The calomel had been left off because it had purged him; it was, however, renewed in doses of a grain, with a sixth of a grain of opium, three times a day. He commenced to improve after this, and the friction sound wholly disappeared; he was then enabled to sit up, and, although pale, improved very rapidly in his general health.

As showing the sad consequences of rheumatism, we may just refer to two other cases, also under Dr. Farre's care. A little girl, ten years of age, was admitted, with general anasarca and ascites of six weeks' duration, from diseased heart. It appears she had an attack of rheumatic fever four years ago, and sixteen months afterwards a second, which were associated with heart symptoms. Lately she had a systolic murmur at the apex and base of the heart, and over the aorta; it could be heard, also, all over the chest. There was mitral valvular disease as well; the urine albuminous, and abdomen much swollen. Under the influence of elaterium and confection of cream of tartar all the anasarca has vanished, the ascites is less, and she is sitting up, much improved, and does not look like the same child. She subsequently took gallic acid, and then the sesquichloride of iron, with benefit.

In the next bed to hers is a young woman twenty-two years of age, who had her first attack of rheumatism at the age of eight years, and her second when she was fourteen, with heart disease. She was also in the hospital some months before with the old heart disease, at which time the cardiac sounds were double, representing four beats, as it were, from inflammation of one ventricle. Now she has bronchitis, besides her cardiac and rheumatic affections.—*Lancet*, July 28, 1860.

LECTURE.

Clinical Lectures delivered at University College Hospital. By JOHN ERICHSEN, Esq., Prof. Surg. and Clinical Surgery.

LECTURE I.—*Treatment of Varicose Veins of the Legs and of Varicocele.*

GENTLEMEN: I am about to direct your attention to-day to the treatment of a disease of sufficiently common occurrence; namely, varicose veins.

Varix may occur wherever the veins of a

part are subjected to pressure, and is met with most commonly in those of the lower half of the body. In the inferior extremity this is owing partly to pressure of the abdominal viscera on the inferior cava, partly to the weight of a long column of blood in the vein, partly to the pressure inflicted on the deep veins during muscular action, causing obstruction to the onward flow of the blood. The veins of the spermatic plexus also are frequently the seat of varicose enlargement, from causes of a similar nature.

Varicose veins of the lower extremity, in the majority of cases, do not give rise to sufficient annoyance to need operative interference. Usually, palliative treatment, such as the pressure of bandages, elastic-stockings, etc., suffices to alleviate the slight inconvenience occasioned by the loaded state of the superficial veins. It occasionally happens, however, that this condition leads to such consequence as to produce serious interference with the health and comfort of the patient. In such cases palliative measures are no longer of service, and it behoves the surgeon to effect the radical cure of the varix by operation.

Operative interference, in varix of the lower extremity, may be rendered necessary by three conditions.

1. The veins being of very considerable size, and very tortuous, they may, by compressing the nerves, produce so much pain, and so great a sense of weight in the limb, that the sufferer is unable to make any exertion, being even crippled, and so far disqualified from entering the public services in a naval or military capacity.

2. When an ulcer occurs, and refuses to heal, in consequence of congestion of its capillaries, the granulations becoming œdematous, and the surface sloughy and unable to cicatrize.

3. If a varicose vein has burst, as it is called, that is to say, it has opened by an extension of an ulcerating surface through its walls, an abundant, alarming, and even fatal hemorrhage may take place.

These are the three reasons for operating in cases of varicose veins situated in the lower extremities. Surgeons, however, have generally been loth to operate in these cases, because they have dreaded the effects of exciting inflammation in the veins, which may become suppurative, and so run on to pyæmia. This danger does exist, undoubtedly, but it must be exceedingly trifling if the operation is properly conducted; for, on looking over my records, I find I have operated more than two hundred times, in this hospital, in such cases, and have never lost a patient, nor ever had a case of suppurative phlebitis or of pyæmia. The danger is slight, if the precaution of not opening the veins is followed. If the vein be opened, air is admitted into the wound, and the adhesive inflammation is not set up, but the suppurative form arises in its stead, whereby pus may get into the circulation, and pyæmia follow. Therefore, the chief object is to confine all inflammation to the adhesive kind; whilst this is present, there is no danger.

There are many modes of treatment in varix, all having one object in view—viz., that of causing occlusion of the vein by the adhesive inflammation. But, in my opinion, all measures should be avoided which include opening the vein, whether this be done by caustic or by the knife, as they are extremely dangerous, by leading to suppuration within; so, also, are those plans of treatment by which we break down the exuded lymph and coagula, or open up the vein even when occluded.

I shall not enumerate all the methods before the profession for the radical cure of varix, but proceed to describe those which I have for many years successfully employed in this hospital. The plan I ordinarily pursue, and which you have seen me adopt dozens of times, is as follows: A hare-lip pin is passed underneath the vein on one side, and its point brought out on the other, a piece of elastic bougie, about an inch in length, is then laid over the vein parallel to its course. Then, by means of a silken thread twisted over the bougie and under the two ends of the pin, the vein is compressed between the pin and bougie. In performing this operation, there are one or two little points to be observed. The first is to be careful not to transfix the vein with the pin; if the vein be opened, and the pin lie across it, there is danger of suppuration, as the pin acts as a kind of seton in the vein. This inadvertence is avoided by dipping the pin deeply, whilst passing it under the vein. In this way, there is no risk of piercing the vessel. If a drop or two of venous blood exude, by the side of the pin, through the puncture, the vein has been perforated, and the instrument should be withdrawn, and passed again. If the vein is unharmed, the operation is bloodless. The second point is, that the ligature should not be so tight as to cause ulceration by strangulation of the parts compressed. If the thread be moderately tight only, and the pin made, as it generally now is, of unoxidizable iron, it is quite passive, and does not rust, hence excessive irritation is avoided. The bougie and pin should remain about ten days, at the end of which time the vein is converted into an impervious cord of plastic matter and coagulum. When this is attained, the pin may be removed, the limb bandaged, and the patient may leave his bed.

It has been objected to this and to all other operations for varix, that the cure is not permanent; that the varicose condition is apt to return; that the same veins perhaps are not affected again in this manner, but that others speedily assume a dilated and tortuous state. No doubt this is the result in some instances, but in many cases which I have had an opportunity of examining years afterwards, the cure has been permanent; and, in the meantime, the object for which the operation was undertaken is served.

Another method which is much used in France, and which I have occasionally employed myself in this hospital for some years past, is that of injecting a small quantity of a solution of the perchloride of iron, of a specific strength, into the veins, by means of Pravaz's screw-syringe. In this way the blood contained in the dilated vessel is made to coagulate, and thus the passage through the vessel is occluded. The adhesive inflammation at the same time being excited, permanent obstruction is attained, and a cure effected. This, though a valuable means when the vessels are knotted and sacculated, is not, I believe, so good a one as the pin and ligature, because I have seen it followed, in two or three of the cases in which I have had occasion to use it, by circumscribed abscesses, and even sloughing of the adjacent parts, though no fatal result has, as yet, occurred in my practice. On this account, I consider this mode of treatment undoubtedly more dangerous; and I think it ought to be confined to the cure of those cases only where the knots are so large, and so closely matted together, that the pin cannot be passed underneath them.

The next distribution of veins liable to varix is that formed by the spermatic plexus. Dilatation of these vessels—varicocele—is often met with in young men; and much benefit can be afforded by palliative means, such as supporting or compressing the tumor in various ways; for instance, by raising the scrotum in a suspensory bandage, or by wearing a mocmain truss, etc., and one or other of these contrivances generally gives sufficient relief for the patient's comfort. But I have found it necessary to have recourse to more active measures than these, and to adopt operative treatment in three of the cases which have presented themselves during the present session. The circumstances for which operation may be and has been practised, in these and similar cases, can be arranged in the four following categories:—

1. The existence of a varicocele disqualifies the sufferer from admission into the public services. This, in my opinion, is a perfectly legitimate reason for operating. One of the cases on whom I recently effected a radical cure, was that of a man in the prime of life, who, wishing to enlist in the Marines, was refused solely on the ground of having a small varicocele. This I cured by operation, and the man afterwards entered the service.

2. In cases in which the presence of a varicocele of inordinate size causes a distressing sense of weight and pain in the loins and groins, and often inability to stand or walk for any length of time, in these cases, when the patient is in continual discomfort, or more or less prevented from pursuing his ordinary avocations, in fact, quite crippled, it is perfectly justifiable to resort to operation.

3. When atrophy of the testicle is a consequence of the pressure of the blood in the veins.

4. In cases, also, where the pressure of the enlarged veins on the spermatic nerves produces repeated attacks of spermatorrhœa; and these cases, gentlemen, are by no means uncommon. These are, however, more frequently met with out of the hospital than in individuals of the class who apply to such institutions for relief. In fact, young men of the more highly educated classes are very subject to it, especially those who habitually lead a sedentary and studious life, as, for instance, young clergymen and lawyers. In these persons a peculiarly hypochondriacal state is brought on by the tendency of the mind to dwell on

the condition of the genital organs, and the patient is constantly fidgeting about the local and tangible disease he observes in them. This was the case in the patient on whom you recollect I operated a short time ago for double varicocele, and who has received a better education than most hospital patients, for he belongs, in some degree, to the medical profession. His anxiety with regard to this disease, though the veins affected have been perfectly occluded by the method presently to be described, is still so great that, at his earnest importunity, I removed, last week, a portion of the scrotum which happened to be rather more pendulous than is usual, partly in order better to support the testis, and partly that his morbid feeling on this subject might in some degree be assuaged.

Now, how should the radical cure of this condition be produced? To this I would answer—By exciting adhesive inflammation of the spermatic veins, through an application of the same principle which sets up that process in the veins of the lower extremity. There are several different ways of doing this; some are very objectionable. The twisted suture, as applied to the veins of the leg, induces too great irritation in the scrotum, and there its introduction is often followed by violent inflammation or sloughing, or by an opening up of the cellular tissue of the scrotum with œdema, and even purulent infiltration. It is better, I think, not to use this method here, indeed I have twice, in the practice of others, seen it followed by death. The plan I have adopted for some years, is that suggested and practised by Vidal, a distinguished French surgeon, and is as follows: The vas deferens, readily distinguished by its round cord-like feel, is first separated from the veins, and entrusted to an assistant; next an iron pin, bored with a hole at each end, is passed between the vas and the veins, and brought out, first notching the scrotum with a scalpel at the point of perforation; then a silver-wire, threaded on a needle so constructed that the wire shall follow it without catching, is passed in at the aperture of entry of the needle, and then carried between the integument of the scrotum and the veins, the wire is brought out at the second puncture. Each end of the wire is now passed through the corresponding hole of the pin, which is twisted round and round repeatedly, each turn causing the wire to be rolled around the pin, and so tightened till the veins are firmly compressed between the pin behind and the loop of wire in front. By this means the scrotum is quite free and uncompressed, and there is no danger of arousing inflammation or œdema. The wire should be tightened from day to day, as it causes ulceration in the veins until it has completely cut through, which results, usually, in about a week or ten days. Meanwhile there is much plastic matter thrown out around the veins; this finally contracts, and obliterates their channels. This method is an effectual and permanent cure, as we had an opportunity of seeing in the case of a porter at this hospital, on whom I performed this operation with perfect success, for he remained here for three years after the operation, during which time he was perfectly free from any return of his disease. Of late, I have been in the habit of employing a simpler method, one which you saw me adopt about ten days or a fortnight ago. I separated the vas in the usual way, and then made a small incision, about half an inch long, in the front and back of the scrotum, afterwards passing a needle armed with silver-wire, as before described, between the vas and the veins, bringing it out behind, then returning the needle, but this time carrying it in front, between the veins and the skin, and so including the veins in a loop of wire, without implicating the scrotum. This is then tightly twisted together, so as to constrict the inclosed vessels. This plan had a similar effect to that of the wire and pin combined; by repeated tightening the wire gradually effected a passage, by ulceration, through the veins, which were obliterated by the same process.

It has been objected to this and similar operations, that atrophy of the testis may take place from its arterial branches being included together with the veins, but as the spermatic artery runs near to the vas deferens, and is held out of the way with that duct, it escapes, and the chance of that mischief is avoided. Nevertheless, atrophy of the testis may coexist, as the result of long-continued pressure of the blood in the vessels of the gland before the operation was performed.—*British Med. Journ.*, Feb. 25, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Registration of Births, Marriages, and Deaths.—[We lay before our readers the following act, which was passed at the last session of the Legislature of Pennsylvania, and which went into operation on the 1st of July last.

It has been prepared with great care, and if fully carried out, will furnish a vast amount of useful information. It applies only to the city of Philadelphia, but it is to be hoped that all the counties of the State will petition the legislature to have it extended to them.]

An Act for the Registration of Births, Marriages, and Deaths in the City of Philadelphia.—Sect. 1. *Be it enacted, &c.*, That from and after the 1st day of July next, the City Commissioners of the City of Philadelphia shall supply the Health Officer with separate books, in which he shall register, in the manner hereinafter directed, the returns made to him of the marriages which may be contracted, and of the births and deaths which may occur within the said city; he shall also cause an abstract of the same to be made in the month of February next ensuing, and annually thereafter in said month, to the City Councils, through the Board of Health, which abstract shall contain a statement of the marriages solemnized, and of the number of births and of deaths, with the reported causes thereof, which have occurred in the said city during the year next preceding the first day of January, with such other information and suggestions in relation thereto as he may deem of practical utility for the promotion of public health, and of general interest to the city.

Sect. 2. It shall be the duty of clergymen of all denominations, of clerks or keepers of the records of all churches and religious societies, as also of every magistrate, and of other persons by or before whom any marriage may hereafter be solemnized or contracted, and of every practising physician, and of every practitioner of midwifery, and of every undertaker and superintendent or sexton of any cemetery or burying-ground in the said City of Philadelphia, on or before the first day of July next, ensuing (the day in which the law goes into effect), to report his, her, or their names and places of residence to the Health Officer, at the office of the Board of Health; and it shall be the duty of the Health Officer to have the same properly registered in index form, in suitable books to be furnished by the City Commissioners at the order of the Board of Health. In the event of any of the persons above specified, removing to any other place of residence, it shall be their duty to notify the Health Officer of the fact within thirty days after such removal, except where the persons removing shall cease to act in such official capacity as makes them subject to the provisions of this act.

Sect. 3. That whenever any person shall die in the City of Philadelphia, it shall be the duty of the physician who attended during his or her last sickness, or of the coroner when the case comes under his notice, to furnish, within forty-eight hours after the death, to the undertaker or other person superintending the burial, a certificate, setting forth, as far as the same can be ascertained, the full name, sex, colour, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sect. 4. No person having the charge as sexton or otherwise of any vault, burying-ground, or cemetery, within the said city, shall inter or allow to be interred, or place or allow to be placed, in any vault, burying-ground, or cemetery, the dead body of any person; nor shall any undertaker or other person remove the dead body of any person who has died in the said city, and has not been buried, to any place beyond the limits of the said city, without first procuring the certificate of the attending physician, or of the coroner. To said certificate the undertaker or other person having charge of the body shall, as far as can be ascertained, add the occupation of the deceased, the place of birth, the ward, street, and number of the house in which the death occurred, the place and date of interment, and where the deceased is a minor, the full names of the parents. In case any person shall die without the attendance of a physician, or if the physician who did attend at the time of the death refuses or neglects to furnish a certificate as aforesaid, it shall be the duty of the undertaker or of any other person acquainted with the facts, to report the same to the Health Officer, who shall be authorized to give a certificate of death as aforesaid, provided it be not a case requiring the attendance of the coroner. Every sexton or other person having charge of any vault, burying-ground, or cemetery within the said city, and every undertaker or other person who shall remove any dead body from or out of the said city, shall return the said certificates to the Health Officer before 12 o'clock M., on the Saturday of every week, accompanied by a schedule of the same, which returns shall be published weekly by the Health Officer, in such manner as may be designated by the Board of Health.

Sect. 5. In case any physician, or the coroner, shall refuse or neglect to furnish such certificate as aforesaid, he shall forfeit and pay the sum of five dollars for each offence, and every undertaker, sexton, or other person removing the dead body of any person, or having charge of any vault, burying-ground, or cemetery, who refuses or neglects to perform any of the duties required by this act, shall forfeit and pay for every such offence the sum of twenty-five dollars, which sums shall in every case be recoverable in the manner, and for the uses prescribed in an act entitled "An act for establishing a Health Office, to secure the City and Port of Philadelphia from the introduction of pestilential and contagious diseases, and for other purposes."

Sect. 6. That every person practising midwifery, in the city aforesaid, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule, to be furnished by the Health Officer. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, colour, the full name and occupation of its parent or parents, the day and place of its birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the first day of each and every month, to the Health Officer, or to any other authorized person calling for the same. In case the birth of any child shall have occurred without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Health Officer in the manner and form, and within the period above required.

Sect. 7. That it shall be the duty of every clergyman, and every magistrate, and of the clerk or keeper of the records of all religious and other societies, and of every other person, by or before whom any marriage may hereafter be solemnized or contracted, to make a faithful return of the same at the expiration of every three months to the Health Officer, in the form of a certificate, which shall set forth, as far as the same can be ascertained, the full name of the husband, his occupation, the place of his birth, his residence and age, the date of marriage, the full name of the wife previous to the said marriage, and her age, the colour of the parties, and the place where, and the name of the clergyman or other person by whom the marriage ceremony was performed.

Sect. 8. That every clergyman, and every magistrate, and every clerk or keeper of the records of all religious societies, and every practising physician, and every person practising midwifery in the city aforesaid, and every undertaker and superintendent or sexton of any cemetery or burying-ground, in the City of Philadelphia, who shall neglect or refuse to leave his or her name and place of residence at the Health Office as herein provided, and who shall refuse or neglect to perform any other of the duties required as aforesaid, shall forfeit and pay for each offence the sum of ten dollars, to be recovered in the manner and for the uses prescribed in an act entitled "An act for establishing a Health Office, and to secure the City and Port of Philadelphia from the introduction of pestilential and contagious diseases, and for other purposes."

Sect. 9. That the books or registers kept by the Health Officer, or a certificate duly certified by him, and authenticated by the seal of the Health Office, as containing a copy of the record of any marriage, birth, or death, shall hereafter be admitted in any court of the State as *prima facie* evidence of said marriage, birth, or death.

Sect. 10. That the registry of marriages, births, and deaths, shall be kept in separate books: and there shall be general indexes to the record of all marriages, births, and deaths, which indexes shall also be kept in separate books.

Sect. 11. That the Health Officer shall receive for the use of the Board of Health fifty cents for granting a certificate or certified copy of the record of any marriage, birth, or death, and ten cents for making a search for either a marriage, birth, or death, which sums shall be paid by the party applying for the certificate or search; but the said registers shall at all times be accessible to physicians, clergymen, and lawyers, without charge.

Sect. 12. That in order to secure uniformity and dispatch in the registration herein provided for, the books shall contain upon the margin of each page printed titles, with corresponding blanks for suitable entries for marriages, births, and deaths, in the order (to wit):—

MARRIAGES.

Full name of the husband,
Occupation,
Residence,
Birthplace,
Age when married,
Full name of wife previous to marriage,
Residence,
Birthplace,
Age when married,
Time of marriage,
Colour of the parties,
Ceremony employed,
Name of person pronouncing the marriage,
Residence of the last named person,
Date of certificate,
Date of registration.

BIRTHS.

Full name of the child,
Sex,
Colour,
Full name of the father,
His occupation,
Full name of the mother,
Day, month, and year of the birth,
Street and number of house where born,
Name of the physician or other person signing certificate,
His residence,
Date of certificate,
Date of registration.

DEATHS.

Full name of the deceased,
Colour,
Sex,
Age,
Married or single,
Occupation,
Birthplace,
Date of death,
Cause of death,
When a minor, the name of the father and mother,
Ward, street, and number of house,
Date of burial,
Date of certificate,
Date of registration.

Sect. 13. The Health Officer, at the expense of the Board of Health, shall keep on hand at all times, a supply of blanks for gratuitous distribution to all persons whose duty it shall be to make returns under this act. The said blanks shall be prepared in the form of books, and the margins shall correspond with the printed titles in the books of the Health Officer, as required by the twelfth section of this act. Provided that all books, blanks, and stationery necessary to be used in carrying out the intent and meaning of this act shall be furnished upon an order from the Board of Health by the City Commissioners, and shall be paid for by Councils, and that the Health Officer, in consideration of such additional services, shall receive the sum of two hundred dollars besides his present salary, to be paid to him in the manner now directed by law.

Sect. 14. All acts or parts of acts inconsistent herewith, or supplied by this act, are hereby repealed.

Death from Inhalation of Chloroform at Bellevue Hospital, New York.—This occurred on the 1st of August last in a man forty years of age, who had a chancre on the penis, and to whom chloroform was administered preparatory to the operation of circumcision. The post-mortem examination revealed fatty degeneration of the heart, and an apoplectic condition of both lungs. This is the second death from chloroform which has occurred in Bellevue Hospital within the last twelve months.—*American Med. Times*, Aug. 11, 1860.

Precocious Mother.—Among the illegitimate births in Massachusetts during the year 1858, the following is recorded in the *Seventeenth Registration Report*, as worthy of especial notice from the extreme youth of the mother:—

"Elizabeth D.—— was born of native parents, in the almshouse at Taunton, May 24, 1847, and at the same place she became the mother of a healthy boy, on the first day of February, 1858, being only *ten years* *eight months and seven days old.* This appears to be a rare case in this climate, but is well attested by the physician (Dr. A. Baylies) of the almshouse at Taunton, who officiated professionally both at the birth of the young mother, and at that of her "hopeful son." This boy weighed eight pounds at birth, and at the age of eighteen months it weighed thirty-seven and a half pounds, and was in the enjoyment of robust health.

—

Philadelphia Hospital, Blockley.—At a meeting of the board of guardians, held on the 30th of July last, the following medical officers were elected for the ensuing year:—

Physicians.—Drs. J. Da Costa, J. L. Ludlow, C. P. Tutt, and O. A. Judson.

Surgeons.—Drs. S. D. Gross, D. H. Agnew, R. J. Levis, and R. S. Kenderdine.

Accoucheurs.—Drs. R. A. F. Penrose, L. D. Harlow, W. D. Stroud, and Geo. J. Zeigler.

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National Medical College (Department of Columbian College), Washington, D. C.—We have received the annual circular of this institution for 1860-61, and observe that considerable changes have lately been made in the faculty, which is now a strong one, and is constituted as follows:—

Thomas Miller, M. D., Emeritus Professor of Anatomy and Physiology and President of the Faculty; James J. Waring, M. D., Professor of Obstetrics and Diseases of Women and Children; John G. F. Holston, M. D., Professor of the Theory of Surgery; John C. Riley, M. D., Professor of Materia Medica, Therapeutics and Hygiene; Nathan Smith Lincoln, M. D., Professor of Anatomy and Physiology; Rob't King Stone, M. D., Professor of the Practice of Surgery and Clinical Surgery; A. Y. P. Garnett, M. D., Professor of Clininal Medicine; George M. Dove, M. D., Professor of the Theory and Practice of Medicine; George B. Schaffer, Professor of Chemistry. William E. Waters, M. D, Demonstrator of Anatomy. Frederick Schafhirt, Naturalist, Janitor, and Curator of Museum. Jno. C. Riley, M. D., Dean.

The next session (the 39th) will begin on Monday, Oct. 15th, and end on the 1st of March next.

The number of students the past session was eighty-three.

Société d'Anthropologie de Paris.—Dr. J. Aitken Meigs, of this city, has been elected Foreign Associate Member of this society upon the proposition of M. M. J. Geoffroy St. Hilaire, Beclard, and Broca.

—

Physician's Visiting List, Diary, and Book of Engagements.—Messrs Lindsay and Blakiston have issued this highly useful companion for the medical practitioner for the year 1861. It was the first in this country, and we think is the most compact and convenient of this class of publications.

FOREIGN INTELLIGENCE.

British Association for the Advancement of Science.—The meeting, held this year at Oxford, from June 27 to July 4, though less numerously attended than was anticipated, was an interesting one.

We present a notice from the *Lancet* (July 7, 1860) of the medical papers presented:—

"The sub-section of Physiology was opened by a most eloquent address from Dr. Rolleston, the new Linacre Professor of Physiology in the University. It abounded in matter connected with this branch of study, contained many classical quotations from ancient writers, and referred to many of their views.

Professor Carus, of Leipsic, read a paper on the Lepticephalidæ (a species of fishes), in which their anatomy and systematic position were considered. From the researches he had made, he clearly proved that these animals are merely the larval forms of other fishes, and that they should be erased from the position they have hitherto occupied. They are not destitute of a spleen, although it is difficult to find, being not larger than a small pin's head. They possess no ribs, but merely fibrous filaments; there is not a trace of generative organs to be met with, and the skin is entirely destitute of scales. An animated discussion ensued, in which Professor Huxley and others agreed in the views of the author.

A paper was then read by Dr. Edward Smith, in which the Action of Tea and that of Alcohol were contrasted, embodying the results of various researches he had made on the subject. He proved that the consumption of tea is increasing in all parts of the world, that it is beneficial and nutritive, and that the consumption of alcohol is decreasing. He gave the effects of each on the system, and showed the difference between the two; also the conditions in which tea was applicable and inapplicable. He showed the essential differences between the effects of coffee and of tea on the system, and all the highly interesting experiments referred to were chiefly performed upon himself and another person. An animated discussion took place, in the course of which Mr. W. Milner, surgeon to the Wakefield Prison, detailed a series of experiments, made with permission on the prisoners, concerning the use of tea and other substances. His observations went to prove the correctness of Dr. Smith's statement, that tea does diminish the weight of the body, unless given with solid food. Dr. Smith asserts that the use of tea increases the waste of the tissues.

A paper by Sir Charles Grey, on Asiatic Cholera, was read by the Secretary, in which the question was submitted whether diluted nitro-muriatic acid applied externally would not be a suitable remedy for the disease, introducing chlorine in this way more readily into the blood, and more speedily exerting its influence upon that fluid than calomel. Sir Charles is not a medical man, although he has seen much cholera abroad.

Mr. Garner read a paper on Certain Alterations in the Medulla Oblongata in Cases of Paralysis. The author showed that atrophy of the columns of the medulla oblongata, in cases of continued paralysis, is not rare; and touched upon the probability of an arrangement in the spinal cord by which the separate action of the extensor and flexor muscles in tetanus, &c., is caused. He illustrated the intimate connection of the olivary bodies with the posterior part of the medulla oblongata by tearing it down longitudinally, when they will always be drawn out backwards with that part. The author connected the olivaries with speech and respiration. The paper also described the varied insertion of the optic and olfactory nerves into various parts of the encephalon, according as they were associated with the intellectual or locomotive functions. He did not believe in any distinct separation of the upper and lower columns in the invertebrata.

A novel and striking discovery was brought before the Zoological Section, by Mr. J. O. Westwood, on the existence of a Lepidopterous Parasite in the *Fulgora Candelaria.* This latter is a luminous insect, well known in Eastern Asia and China. The surface of its body secretes an abundance of white wax, which forms the food of numerous parasites, and in which they change into pupæ, and subsequently a perfect lepidopterous insect. Specimens of both were shown, and much interest was manifested in the discovery. Although the fact is well known that many insects are infested by parasites, yet here would seem to be a wonderful provision of Nature, in one insect secreting a certain substance to form both the food and bed of another.

Dr. Lewis exhibited a new Hydrospirometer, which would answer where extreme accuracy was not required. Its cost would not exceed 15*s*.

On the Development of Buccinum, by Mr. John Lubbock, and on the Development of Pyrosoma, by Professor Huxley, were two papers which elicited a lengthy discussion on what were some interesting discoveries in relation to these genera of animals.

Contributions to the Theory of Cardiac Inhibition, formed the subject of a communication from Dr. Michael Foster. A series of experiments were detailed, illustrating the action of various degrees of intensity of the galvanic current upon the contraction of the heart, through the agency of the pneumogastric nerves. These experiments were chiefly confined to the snail, but the crab and other animals were likewise operated upon, with results proving the inhibitory action of the heart.

'An Experimental Inquiry into the Mode of Death produced by Aconite,' by Dr. E. R. Harvey, was next read. The author's experiments, which were performed on dogs, rabbits, and frogs, went to prove that aconite acts first on the nerves and then on the muscles, killing by its action on the heart; the blood and urine were found normal. Fleming's tincture was the preparation used. Amongst the various speakers was Sir Benjamin Brodie, who referred to his own experiments made many years back, in which he had used the expressed juice of aconite. It acted as a narcotic, and arrested respiration firstly; and he had no doubt that, if artificial respiration had been tried, the animal would have recovered, as in cases of poisoning by woorara. It seemed to him not improbable that different preparations of aconite produce various effects. Dr. Sharpey observed that, in some former experiments he had made with aconite, he obtained the same results as Dr. Harvey—namely, the action of the heart was stopped, and the irritability of the muscles was extinguished; the nerves, also, leading to the affected muscles were deprived of their excitability.

The subject of Chloroform was brought before the Physiological section, in a paper sent by Dr. Charles Kidd 'On the Nature of Death by Chloroform.' The author considered death to be the result of reflex action through the lungs, and not from cardiac syncope, as was supposed. He had tabulated 100 deaths from chloroform, and 25 from ether, in which it was shown, in regard to the former, that the fatal result had taken place chiefly from small doses *before* anæsthesia was established, and, curiously enough, when it was given for the most trivial operations, such as the removal of toe-nails, &c. Amongst a number of speakers who took part in the discussion on this paper, none seemed to agree as to the exact cause of death; that, Mr. Busk said, had yet to be determined by further experience. Some accidental circumstance was looked upon as a cause, in which shock had much to do. Dr. Priestly related an instance in which the heart continued to beat for some time after respiration had ceased, thus favouring Dr. Kidd's views. Dr. Rolleston, Mr. Busk, Dr. Graily Hewitt, Professor Corbett, and others, took part in the discussion.

The subject of Deodorization of Sewage was brought before the Chemical Section by Dr. Bird.

The value of Systematized Exercise on the Expansion of the Chest was satisfactorily proved by Mr. Archibald M'Laren, in a communication made to the Physiological Section. He has a gymnasium in connection with the university, and by systematized exercise has obtained two inches' increase of expansion of the chest in every freshman three months after his arrival at Oxford.

The minute structure of the Lepadidæ, a variety of the barnacle tribe, which infests the bottoms of ships, was investigated by Mr. Garner, and many new facts about these animals were announced, particularly the discovery of true eyes.

Dr. Gibb read an interesting paper on Saccharine Fermentation within the Female Breast, and its Influence on the Child. He showed that from various causes of a constitutional nature, in which the nervous system played an important part, the saccharine element of the milk underwent fermentation at the moment of its secretion, and gave rise to the generation of two species of animalcules—namely, vibriones and monads. The milk containing these was usually rich in sugar, but, owing to the fact of its having undergone fermentation within the gland itself, its healthy character was destroyed, and it was not therefore capable of assimilation within the stomach of the infant, as evidenced by the most extreme degree of emaciation—in fact, the child was undergoing starvation. The animalcules were developed within the breasts. The author had proved the correctness of his views in a series of experiments and researches into this question since 1854. In the discussion which ensued, much credit was given to the author for his labours in this novel field of inquiry; and numerous questions were put to him in relation to the condition of the blood and other fluids, in such conditions as he had described.

Professor Corbett read a paper on the Deglutition of Alimentary Fluids, in which he attempted to prove that the epiglottis did not always fall back upon the glottis during the swallowing of fluids. This was denied by some of the speakers, who thought it always did occur.

One of the most valuable papers of the Physiological Section was an elaborate one from Mr. Arthur E. Durham, being an experimental inquity into the Nature of Sleep. He described the appearances of the brains of animals, as evidenced through openings made in their skulls, and supported by a process of ingenious reasoning his hypothesis upon this most important subject. Mr. Durham stated that during sleep the brain was pale, and comparatively bloodless; that during functional activity the pia mater and brain substance were highly injected, and full of rapidly moving blood. He suggested that the increased amount of oxygenated blood coursing through the vessels during wakefulness was the cause of the functional activity of the brain, and that the opposite state of the circulation gave rise to the cerebral inactivity of sleep. The state of sleep was accurately distinguishable from that occurring in all varieties of coma. Mr. Durham's views were ably supported by Professor Draper, of New York, but dissented from by Dr. Beale.

Dr. R. M'Donell considered the subject of Sugar and Amyloid Substance in the Animal Economy, and detailed a number of experiments.

M. Ollier, of Lyons, exhibited a series of specimens illustrating the Artificial Production of Bone and Osseous Grafts. His observations were wholly in French, and a portion of the discussion was in the same language. In one specimen the radius had been wholly removed, leaving the periosteum entire, and the bone was reproduced. In a similar experiment, with the removal of the periosteum as well, there was no regeneration of bone. He transplanted portions of periosteum round the muscles of the thigh, and they secreted bone. This was done in the form of strips twisted round, and they secreted bone of a spiral shape. In fact, any form of bony secretion can be obtained almost at the fancy of the experimenter. M. Ollier transplanted portions of periosteum from one part of the body to another, beneath the skin of the head and elsewhere, and not in contact with bone, and obtained bony secretions from them. This could also be obtained by transplanting this membrane from one animal to another. He transplanted entire bones and portions of bones with their proper membranes, and they retained their vitality; if the membranes were removed in these experiments, the bones died, and suppuration ensued. All these osseous secretions possessed the true and normal characters of bone. The specimens clearly proved all the author advanced, and it would seem that the periosteum is the true secreting membrane of bone, and that it can be grafted in a manner similar to that of plants, and will, as it were, take root and grow.

Dr. Radcliffe showed a number of experiments on Muscular Action in an electrical point of view. These were on the limbs of frogs, and were made with the aid of an electric battery.

Dr. Beale demonstrated, by a series of preparations and diagrams, how every elementary Fibre of Striped Muscle was abundantly supplied with Nerves. He believes that every single fibre receives one or more nervous fibres, which will be found hereafter to account for complicated muscular movements. Wherever these minute nerves are distributed are found little oval bodies, which are the means of communication between the muscular and nervous fibres. These nerves are found to be more numerous in some muscles than in others—the tongue and diaphragm, for example—and are surrounded by multitudes of these oval bodies. The nervous fibres are constantly undergoing decay and being reproduced. Dr. Beale's discovery is one of considerable value in physiology, and much importance was attached to it by the Association.

Professor Van der Hoevan made some remarks on the Anatomy of "Potto," a curious species of small monkey from Borneo.

Dr. B. W. Richardson read a lengthy paper on the Influence of Oxygen on Animal Bodies. He enumerated a series of laborious experiments on the inhalation of oxygen. By these he established two major propositions: 1. That the influence of pure oxygen on animals varies according to the animal, being most marked in those of quick respiration and high temperature, and less marked in those of feeble respiration and lower temperature. 2. That oxygen gas, breathed over and over again, and freed entirely from any substances which we as yet know as products of respiration, loses the power of supporting life, the vital process ceasing, not from the introduction of a poison, but as by a negation, or a withdrawal of the vivifying principle.

The Physiological Relations of the Colouring Matter of the Bile was the subject of the next paper, by Dr. Thudichum. He had subjected various specimens of Chlorochrome (as he proposed to term the substance) to chemical analysis, and found that it was an amido-acid, and nearly related to the other acids of the bile. Its precipitation from solution in bile, when it occurred already in the gall-ducts, by a process closely resembling that of putrefaction of bile in a bottle, was an ascertained cause of so-called idiopathic jaundice. He described various products of decomposition of chlorochrome; amongst them, chlorochromic acid, a substance which, microscopically, closely resembled hæmatoidine."

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Treatment of Gleet.—Every one knows how tiresome and difficult to cure a gleet may become, and how weary of each other both patient and surgeon occasionally grow in consequence. A little "dodge," which may not yet have crossed the Channel, and which I have seen succeed here, when the whole armament of balsamics, injections, and derivatives had failed, is the following:—Take a moderate-sized wax bougie (the common yellow wax ones are the best), warm it slightly, and then roll it for a few seconds in well-powdered alum; when thoroughly whitened with the salt, roll it between the hands so as to press the alum well into the wax, and the instrument is ready for use. Make the patient micturate previously, and then pass your bougie, without the assistance of oil or cerate, as far as may be deemed advisable, cutting it off to within an inch of the orifice of the meatus, where it may be tied or not, and left for one hour each day. In this way a tiresome and refractory old gleet may be cured in ten days.—*Lancet*, July 28, 1860.

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Phthisis in Hysterical Subjects.—M. Beau in a clinical lecture given on the 4th of August at La Charité, spoke of the rare occurrence of phthisis in hysterical subjects. The cases which suggested his remarks were those of two females of middle age, at the present moment under treatment in his wards, both presenting the symptoms of the suppurative stage of consumption, and both having within a very recent period manifested unequivocal indications of hysteria. The coincidence of the two affections, he said, was rare—so rare, indeed, as to have led to the belief that the presence of the latter exercised a protective influence in the constitution antagonistic to the development of tubercle. The same immunity from phthisis had been observed in persons suffering from asthma and emphysema of the lungs. But this, also, was a general and not an invariable rule; and M. Beau expressed himself as confident that neither of these morbid conditions could be considered as incompatible with the tubercular diathesis; their coexistence was the exception, and not the rule, but quite sufficed to prove that hysteria possessed no power in preserving the patient from phthisis. M. Beau, in concluding, dwelt at length upon a symptom of phthisis which is hardly mentioned by any author on the subject, and yet an almost constant accompaniment of the malady in its progress. This is a pain felt on pressure in the popliteal region, or on the sides of the thigh, a little above the knee. It is fully as constant as the premonitory headache, so often amongst the earlier signs the only prominent one, and more reliable. This pain he terms "melosalgia."—*Lancet*, Aug. 11, 1860.

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Nerve Force.—Is nerve force a polar force?—is there any manifestation of current force in nerves during action?—are questions proposed for consideration by Mr. H. F. Baxter, in the *Edinburgh Philosophical Journal*, where he has published an account of his experiments, in which he employed—1. The galvanometer; 2. The galvanoscopic frog; and 3. A magnetized needle. He deduces the following conclusions: That nerve force *during* nerve action is not *current* force; that the electric condition of the nerve, as manifested by the nerve current, is not *converted* during nerve action into current force; that the electric condition of the nerve may be merely a condition for nerve action, perhaps a necessary condition; that the evidence is in favour of nerve force being polar; and that it is of a higher character than any other polar force, and that the conversion of electric force into nerve force *during* nerve action may be regarded as an open question.—*Med. Times and Gaz.*, July 21, 1860.

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Erysipelas in the Paris Hospitals.—The correspondent of the London Lancet (Aug. 11) writes as follows:—

"Erysipelas has been raging in the central Paris Hospitals for some weeks past, and at the Clinique more especially. At this latter nearly all the operations have been followed by this most distressing complication, and M. Nélaton has deemed it prudent to postpone treatment in several cases in consequence. The Hôpital Beaujon and the Lariboisière enjoy a perfect immunity from this scourge, thanks, no doubt, to their excellent hygienic arrangements, airy situation, and more spacious distribution. I believe we shall some day find out the mistake of planting great depôts for the sick in the centre of our cities, and, reversing the plan of centralization, retain simply receiving houses in town for the registration of patients, who will immediately, as on the field of battle, be conveyed by a sort of civil ambulance corps to the destined hospital, itself placed in the most healthy situation procurable, and at easy railway distance."

Foreign Bodies in the Respiratory Organs.—"If you examine," says M. POUCHET, "the bodies of animals, who live in our towns, and in our houses, you will be astonished at the enormous quantity of starch contained in their respiratory organs. In birds you will find it even in the middle of their bones. Particles of soot, filaments of the different kinds of textures of which our clothes are made, are also found there in great abundance. But the further the animal lives from a town, the more scarce become these bodies. In animals and birds living in the midst of forests, you will scarcely find any at all of them; in their case the respiratory apparatus is, on the contrary, filled with a large quantity of vegetable *débris*, chlorophylle, etc. I have found in the lungs of man the same atmospheric corpuscles as in animals. I found in two persons who died in one of our Hospitals—a man and a woman—and whose lungs I injected, a notable quantity of fecula, normal, or after panification, particles of silica, and fragments of glass; fragments of painted wood of a beautiful red colour; *débris* of clothes, and a larva of a microscopic arachnis still alive."—*Med. Times and Gaz.*, July 28, 1860.

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Fissiparous Generation.—M. Balbiani has performed further experiments on this subject. According to him it is a very common, instead of a very rare phenomenon as is sometimes thought. To witness its production, however, requires great delicacy of observation and manipulation. He says that he has seen one microscopic animal give birth by fissiparity to more than 2000 individuals in the course of seventeen days. M. Balbiani counts them by taking one from the number under the microscope, when they have reached fifty. He puts it in water containing none of the animals, and leaves it there until fifty more are formed, and continues thus as long as the phenomenon continues. He does not, however, consider the fissiparity as indefinite; a moment arrives when sexual generation becomes necessary for the transmission of life. A new argument this against spontaneous generation.—*Ibid.*

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Cholera in Spain.—According to late reports this epidemic is now committing terrible ravages in several southern districts of the Peninsula. For example, at Malaga 2267 deaths took place by that malady, from the 1st of May to the 29th of June last; of whom a large proportion were young persons. Accounts further state that, along the Mediterranean coast—at Motril, Adra, and Almeria, the disease has proved very prevalent; as likewise in Granada and Jaen, but especially at a place called "Gualchos," where 178 deaths occurred during the first six days the malady broke out, while only two cases recovered. It has more recently attacked the inhabitants of Baylen, which is on the great highway to Madrid; where, however, public health is said to be at present satisfactory. In consequence of this outbreak of pestilential cholera in Andalusia, much terror prevails amongst the population.—*Lancet*, July 28, 1860.

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The New Sydenham Society.—This Society seems to be in a flourishing condition. At its second annual meeting held in Torquay on the 2d of Aug. it was stated, 1st. That the society now numbers 2850 members, and is still steadily increasing. 2. That the second edition of the first year's volumes had been almost exhausted, and that it had reimbursed the expenses attending the reprinting. 3. That the Council had finally decided on the issue of an Atlas of Illustrations of Skin Diseases, to be selected chiefly from those published by Hebra, of Vienna. 4. The issue of the first fasciculus of these Portraits will take place for the current year, and will probably be ready in December. 5. The Council hopes to be able to issue for each year's subscription the Annual Year-book and a Fasciculus of the Portraits, and, in addition to these, two translated volumes. 6. Among the works at present in course of preparation are the second volume of "Frerichs on Diseases of the Liver;" "Vogel and Neubauer's Handbook on the Examination, etc., of the Urine;" "Casper's Medical Jurisprudence," and a reprint of "Smellie's Midwifery," with preface and annotations by Professor Simpson, of Edinburgh.—*Med. Times and Gaz.*, Aug. 11, 1860.

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British and Foreign Medico-Chirugical Review.—W elearn that Dr. Sieveking, who has for several years very ably conducted this journal, is about to retire from the editorship.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Wine in Pneumonia.—The great value of wine, brandy, and other stimulants, in almost any disease of an asthenic character, or even in forms of acute disease which take on a low or asthenic type, is constantly observed in hospital practice. It was strikingly manifested in a man thirty-six years of age, who was admitted into St. Bartholomew's Hospital on the 16th of April, under Dr. Kirkes' care, with pleuro-pneumonia of the right lung. He was brought in in an exceedingly low and feeble condition, with pulse 136, small and weak, and soft in character. Consolidation of the lower part of the right lung was discovered, together with friction sound. He was put on small doses of Grey and Dover's powder, and three ounces of wine. This brought the pulse down to 124 next day, and the wine was increased to six ounces in the twenty-four hours. On the 18th the pulse was 100, and on the 19th 98; and the symptoms generally became alleviated. On the 21st, two ounces of brandy were ordered in addition to the wine; and by the 23d the solidified lung was undergoing resolution, fine crepitation being heard over the lately condensed portion. Dr. Kirkes reduced the brandy to an ounce per diem, continuing the six ounces of wine; and the man got so much better that he desired more food. Subsequently to this his recovery was gradual and complete; the wine and brandy being apparently the chief agents in bringing about a restoration of the normal condition of the lung. The patient was a labourer, and a strong man when well; but depletion would have proved a fatal measure. In London, at any rate, the majority

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

of such cases require a stimulating and supporting treatment throughout.—*Lancet*, Aug. 4, 1860.

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Caries of the Skull—Epilepsy—Relieved by Trephining—Subsequent Death.—F. W., a cachectic man, aged 38, was admitted into Guy's Hospital, Feb. 14, 1860. He denied ever having received a blow upon the head, or of having been the subject of any syphilitic disease.

About ten months prior to his admission a swelling appeared over the left parietal bone, having been preceded for some few weeks by a severe burning pain in the part. He applied to a Metropolitan Hospital, where the abscess was lanced: little pus, however, made its escape, but from that time the discharge became profuse, and also very offensive. The pain in the part for the whole of this period had been very severe, at times rendering him almost wild; no remedies appeared to give him any relief. On February 10, four days previous to his admission into the hospital, on seeking advice, his head was probed. The operation gave him some pain, and an epileptic fit followed. It lasted some minutes, and when he recovered from it he found that he had lost the use of his right leg and arm.

On February 14 he was admitted into Guy's Hospital with partial paralysis of the right side of the body. The face was natural, betraying only an expression of great anxiety. Over the left parietal bone were several discharging sinuses, all communicating with roughened and nodulated inflamed bone. He complained of much pain in the head at the seat of disease, but otherwise all his functions appeared natural.

On the 17th he was again seized with a severe epileptic fit. A crucial incision was then made over the diseased bone, but without relief, as the fits returned, and continued for some hours. At this time the convulsions were most violent, chiefly affecting the right side of the body and the left side of the face, the diseased bone being situated on the left side of the head.

Mr. Bryant was called to see him, and as the local character of the disease indicated local irritation, which would account for the convulsions of the right side of the body and left side of the face, he determined to trephine the part, as death appeared quite imminent. The operation was accordingly performed, much care being necessary, as the bone cut soft and cheesy, a large circle was removed, exposing an inflamed, adherent, and granulating surface of the dura mater. Upon the inner table of the circle of bone which was removed, was visible a distinct nodule of new bone piercing inwards, of a nipple shape. The fits ceased after the operation, and when the man recovered he expressed himself as well. All pains in the head had ceased, and the paralysis gradually disappeared.

Upon the 24th, however, a slight epileptic attack recurred, but after that date no repetition of the fits occurred for two months. The paralysis of the limbs disappeared, all headache left, and the opening made in the skull gradually filled in; the bone, however, was still inflamed and roughened. Two different attempts were made to remove some diseased bone, but without success, some small pieces only coming away.

On April 24 the epileptic attack reappeared, and recurred at short intervals till June 14, when he died, with hemiplegia attended with some symptoms of pyæmia.

It is an interesting point, as pointed out by Mr. Bryant, that this patient during the whole of his attacks had never lost his consciousness. He knew and felt all that was going on, but was unable to speak or to make his consciousness known. In genuine epilepsy the reverse exists; unconsciousness is a prominent symptom, and it is worth note that Dr. Bright pointed out this distinction as a valuable means of diagnosis of epilepsy as caused by some cerebral disease, or as depending upon some external source of irritation of the brain structure.—*Med. Times and Gaz*, Aug. 18, 1860.

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Good Results of the Amputations at St. George's Hospital.—While we are on the subject of amputations, we may refer to the successful termination of the great majority of those recently performed at St. George's Hospital. For a time, most of the wards of this institution were so unhealthy that a considerable number of capital operations ended badly, as we learnt from personal observation and from the testimony of some of the medical officers. In consequence of improvements carried out last year in most of the wards, together with the addition of a convalescent ward at the top of the building, the general salubrity has so much increased that pyæmia, which had heretofore been very prevalent, has now almost entirely disappeared.

In October last, of six amputations performed within a comparatively brief period, all the patients were up and convalescent within the term of three weeks. This has also been the general experience since. At the present time (Aug. 2d), we can count four amputations of the lower extremity in one female ward alone, all proceeding without an untoward symptom, union having taken place by first intention. In two cases of amputation above the knee, performed by Mr. Cæsar Hawkins on the 12th and 19th of July, and in one of the same kind, under the care of Mr. Prescott Hewett, the same favourable state of things obtains. In the male ward, we observed a patient, whose forearm was taken off on the 26th ult., with the stump healed and the ligatures away, which permitted his walking about, without inconvenience, six days after the operation.

In all these operations the circular method was adopted. Of ninety amputations recently resorted to in this hospital, sixty were circular, and thirty flap. The mortality amongst the latter was found to be as great as in the whole of the former.—*Ibid.*

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Circular Amputation of the Thigh.—On the 19th of July, at St. George's Hospital, Mr. Cæsar Hawkins removed the leg of a female at the lower third of the thigh, for extensive disease of the knee-joint. The patient had been a sufferer for five years, the mischief slowly progressing until the articulation was wholly destroyed, spreading also upwards into the shaft of the femur. A large part of the lower end of this bone was completely necrosed, as was also the head of the tibia, the surface of which latter was covered by some loose osseous fragments. The cartilages were likewise destroyed, from ulceration and absorption. The present was one of those examples in which the morbid action had become too widely spread to warrant the expectation that any surgical proceeding short of amputation would afford relief. This was accordingly adopted, and successfully carried out by the circular method. The patient is going on most satisfactorily.

We may here observe, that the circular amputation is, to some extent, superseding the ordinary flap operation in hospital practice. It is now mostly employed by the surgeons at St. George's Hospital, and is preferred also at other institutions. The adoption of the circular method, or of that by flaps, is solely a question of taste and of dexterity on the part of the operator; for most writers on surgery believe that an equally good stump may ultimately be formed by the one as by the other. The rapidity with which the flap operation can be done is an advantage over the other; but the circular method gives a firmer and neater stump.—*Lancet*, Aug. 11, 1860.

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Protrusion of Bone by Growth from the end of a Stump.—When limbs have been submitted to amputation in childhood, it not unfrequently happens that, as the individual grows, so does the bone elongate itself in a proportionate manner, and then protrudes through the soft parts, after a time forming a conical stump. Instances of this kind we have already brought under the notice of our readers; and that the bone does grow is believed by many surgeons of high authority, amongst whom are Mr. Stanley, Mr. Curling, and others. An undoubted example of it was recently admitted into Guy's Hospital under Mr. Hilton's care. The patient was a healthy-looking girl, of about the age of eighteen years, whose right arm had been amputated in childhood. The stump healed kindly, and remained healthy for some years, when it gradually became conical, and from the point protruded the end of the humerus. Its appearance was like an exaggerated nipple somewhat drawn out. There was no retraction of muscular substance here, but clearly an outgrowth of bone. The soft parts were tender in spots, as if from the pressure on or stretching of some of the nerves; in fact, they could be marked by pins. The rest of the stump was healthy. Chloroform was given on the 24th of July, an incision was made on either side, freely laying open the stump, and three inches of the bone sawn off; the parts were brought together, and the girl is now doing very well.—*Ibid.*

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Sensation of Crackling within the Joints.—A female, aged thirty-six years, but looking much older, a housemaid, of spare frame and short stature, was admitted into St. Bartholomew's Hospital on the 6th of February last, under Dr. Farre's care, with general pains about her limbs and joints. She has been a sufferer from rheumatoid arthritis; and from her family history it appears that her father and uncle were subject to the same disease, or to gout, but which, she says, was rheumatic gout. Besides the general pain and distress present on her admission, she had a sensation of crackling within all the affected joints, especially well marked at the under part of the right knee, in the right ankle, in the left groin, and in front of the hip joint; and at times she seemed as if she had not the power to move her limbs. This crackling of the joints commenced nine weeks before she entered the hospital, although she has sufferred from her other affection for upwards of five years, with lameness of one of her legs from the same cause. She was examined by Mr. Lloyd to see if there were any loose cartilages, but none could be found. Dr. Farre believed that this singular condition must be owing to an altered secretion of the lining membrane. By the 13th of February she was much relieved from pain on the outer side of the hip by the local application of belladonna to the sacrum, and, in a few days afterwards, all this crackling wholly disappeared, and she began to improve in every way under treatment, although she still remained a little sore and lame.

It may be observed, that the disease itself, under which this patient was suffering, is common enough; but the peculiar sensation experienced of crackling within several of the joints is a striking feature, and ought not to be a rare circumstance when the great number of pathological states of the synovial membrane are taken into consideration. That Dr. Farre's opinion is the correct one would seem to be proved by the result of the treatment.

Some weeks later, a second example of this peculiarity occurred at University College Hospital, under Mr. Erichsen's care. The patient was a middle-aged man, with partial anchylosis of the elbow, the result of inflammation. He had been the subject of rheumatism eight years ago, and for the last two years has been unable to extend the left arm, although he can slightly flex it. There was clearly some effusion into the joint, and a very distinct crackling sensation, which Mr. Erichsen stated to be the result of it. In effusion into the sheaths of tendons, and in bursæ near joints, this crackling feeling is observed, and gives the idea, he remarked, of bands forming in different directions. It is noticed also in bursæ, when there are small bodies mixed with the fluid. Without giving the patient chloroform, the arm was flexed and extended with but little force, and, subsequently, not only was the position of the arm improved, but much useful motion was gained, with disappearance of the crackling.—*Lancet*, Aug. 4. 1860.

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Fatty Tumour Encircling the Neck.—Experience has proved that there are but few situations about the body which have not been invaded by fatty tumours, although some are more favourable for their growth than others. Either side of the neck, and behind it, are much commoner sites for their development than the anterior or submental part. An instance of tumour in this rarer situation was recently admitted into Guy's Hospital, in a stout, robust man, about forty-five years of age. The anterior half of the neck, from one mastoid process to the other, was occupied by a large fatty tumour, which assumed the appearance of an enormous double chin, and extended as far down as the sternum. Two other tumours of the same character existed symmetrically at the back of the neck, in the suboccipital spaces; they were as large as a flattened orange, prominent, and altogether imparted a most curious appearance to the entire cervical region. These three tumours commenced to grow some years back, but latterly had increased somewhat rapidly in size, so much so as to cause some uneasiness lest they might turn out to be malignant. Their true nature was determined by Mr. Cock, who removed that in the right suboccipital space, whilst the patient was under the influence of chloroform, on the 10th of July, with good results. It did not possess a lobulated character, but was very firm and hard, strongly adherent to the skin, and was got away with some difficulty, being associated with free hemorrhage. From this operation he completely recovered. Mr. Cock contemplates the dissection of the opposite growth, but will not interfere with the anterior cervical.—*Lancet*, Aug. 25, 1860.

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The Metallic Seton in Hydrocele.—Several cases have lately been treated at the London Hospital by the introduction of the silver wire seton, and with very satisfactory results. The following case, however, in which severe suppurative inflammation of the cavity was caused, is one which it is only right should be placed on record: The patient, Wm. C., a healthy man, aged 32, was admitted in May, under the care of Mr. Gowlland, with hydrocele on the right side. Mr. Gowlland had tapped him three months previously, while attending as an out-patient. It had now filled again, and was about the size of a small fist. The man stated that he thought that side of his scrotum had been larger than the other since boyhood, but that there had been no remarkable enlargement until January last. Mr. Gowlland admitted him, and on May 3 tapped the tumour, and injected with iodine in the usual manner. The sac refilled, and as the man was impatient for a cure, on May 28—that is, nearly a month after the injection—Mr. Gowlland introduced a silver wire seton consisting of two threads. On the next day the inflammation of the part was very acute, and the pain severe. The man had also a good deal of abdominal tenderness. On the third day the inflammatory symptoms ran so high that it was necessary to withdraw the wires. On May 31, the swelling being very great, and suppuration having evidently taken place, Mr. Gowlland laid the sac freely open by a vertical incision, three or four inches long. This measure gave great relief; but for a time it appeared doubtful whether the testis itself would not become involved, as the tunica albuginea presented in the wound. Ultimately the man made a good recovery, but he had undergone a very serious illness. He was discharged from the hospital eleven weeks after his admission, the cicatrix being then quite sound, but puckered up, and adherent to the front of the testis. The body of the testis itself was soft, and appeared quite healthy. The hydrocele was of course cured.—*Med. Times and Gaz.*, Aug. 25, 1860.

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Amussat's Operation performed on Account of Malignant Disease of the Rectum.—The operation of opening the colon in the loin with a view to the formation of an artificial anus in that position, has been recommended in two very different classes of cases. In the one it is performed on account of irremediable obstruction of the rectum, that obstruction being of such a character as would in itself cause the patient's death. In the second class—and this, it must be remembered, is the one with regard to which the operation was first devised—its immediate object is not so much the prolongation of life as the mitigation of suffering. The cases alluded to are those of ulcerated cancer of the lower bowel, in which the escape of feces is not prevented, but in which it causes most intense suffering. In one of this latter class the operation was performed by Mr. Ward at the London Hospital about three weeks ago. The patient was a thin, miserably cachectic man, who had for some years been the subject of carcinoma, extending over a long tract of the rectum. The passage of his feces caused him agonizing pain, and he readily consented to Mr. Ward's proposal, that an artificial anus should be made. The operation was not one of unusual difficulty, the colon having been distended by the injection of air. The man did well, and at the present time, three weeks after the operation, the feces wholly pass by the artificial opening. A good deal of mucous discharge comes by the rectum. The opening in the loin is covered by a moulded pad of gutta-percha, which prevents any incontinence of feces. The man is able to get up, and expresses himself as very grateful for the relief afforded.—*Med. Times and Gaz.*, Aug. 25, 1860.

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Extravasation of Urine within the Pelvis.—The following case is interesting as an example of extravasation occurring in conjunction with congenital contraction of the urethral orifice, also in respect to the unusual position of the extravasated fluid. It is certainly not common for fatal extravasation to occur without somewhat involving the perineum or scrotum, although the anatomical explanation of the fact is easily given. The difficulty of treatment is of course vastly increased; indeed, it is certainly rare for the symptoms of intra-pelvic extravasation to become sufficiently definite to warrant incision before the patient has passed into a hopeless condition.

The connection of hypospadias with disease of the urethra is also of much practical importance. As a general rule it is probably a matter of experience that obstructions in the anterior tract are more liable to cause disease of the urethra behind them than those more deeply placed. In amputating the penis all surgeons know how important it is to take precautions against the subsequent contraction of the urethra which is so liable to ensue. It is possible, however, that a certain number of the cases of hypospadias which come under our observation in infants are not submitted to any operative procedure which would be decidedly benefited thereby. In such cases it is often too hastily assumed that the deformity consists in an absence of the floor of the urethra in its anterior quarter of an inch, whereas minute examination would show that the urine really finds its exit through a mere pin-hole aperture. This aperture is placed behind the meatus, and does not in any way communicate with it.

W. B., aged 40, a sallow sickly-looking man, was admitted under Mr. Stanley's care on July 3, 1860. He was suffering from retention of urine. He stated that he had not passed water naturally since June 3, but that it was constantly dribbling from him. This was the first attack of actual retention, though he had been unable to pass water properly for some months. His countenance was expressive of great pain; his appetite gone, tongue furred, pulse feeble and frequent, and thirst very great. He complained of pain in the region of the bladder, which viscus was found to be distended. The perineum also was extremely tender. He was the subject of hypospadias, the opening into the urethra being about the size of a pin's head. A No. 1 catheter was introduced with comparative facility, and about four ounces of dark offensive fluid were drawn off, but without relief. Mr. Stanley examined him, and found a red blush on the surface of the abdominal walls close to the pubes. The bladder was much distended, and was hard and painful. In the left iliac region there was a greater prominence than on the other side, and there was here a sense of fluctuation. There was great tenderness in the perineum, and on the left side of the anus the surface was reddened. Mr. Stanley considered that there was extravasation of urine into the cellular tissue of the anterior abdominal walls, as well as into the ischio-rectal fossa. He remarked that the case was one of unusual occurrence, and that the ulceration into the urethra was probably behind the triangular ligament. The urine, therefore, had not been able to take the course usual in extravasations, viz., that of passing into the cellular tissue of the scrotum, and upwards to the abdominal wall. A No. 4 catheter was introduced, and about sixteen ounces of dark offensive fluid made its escape. Mr. Stanley made an incision two or three inches long in the position of that for lateral lithotomy. A grooved staff was then introduced into the bladder, and the incision was continued down to the membranous portion of the urethra, which was opened. The patient lost a great deal of blood, but much ammoniacal-smelling urine also came away, probably not less than a pint. Slight relief followed the operation, but in two hours the pain returned with great severity, and he gradually became weaker. Stimulants were given freely, but he did not improve, and died next morning.

Autopsy.—On cutting through the abdominal walls, the recti muscles were found to be much discoloured, dark, and soddened by infiltration with urine. There was extensive peritonitis, and in some parts puriform lymph was exuded, which matted together portions of the intestines. The cellular tissue of the pelvis had in many places sloughed, especially on the left side. The pelvis contained muddy-looking, offensive fluid. Excepting some congestions about its neck, the bladder was found quite healthy. The prostate was firm and healthy, The soft parts in the ischio-rectal fossa had sloughed. The penis was slit up, but no stricture or ulceration was found. On exposing the urethra beyond this point, there was found a small ulcerated opening just sufficient to admit the end of the director in front of the veru montanum. This was traced down to a dark mass of sloughy cellular tissue, and was doubtless the point at which the extravasation had commenced. —*Med. Times and Gaz.*, Sept. 1, 1860.

LECTURE.

Clinical Lectures delivered at University College Hospital. By John Erichsen, Esq., Prof. Surg. and of Clinical Surg. in University College.

Lecture II.—On Epithelioma.

Gentlemen: We have had under our care during the last few weeks several cases of epithelioma of the lip, tongue, fauces, and penis. I will to-day direct your attention to the nature of this disease, as developed under our observation in these cases. The case to which I shall particularly refer, illustrates in a marked manner the nature, course, and distinctive characters of the disease. It is that of a soldier, sent up to me at this Hospital, from Aldershot, a few weeks since, with the following history. He had served twenty-one years in the army, during a great part of which time he had been stationed in hot climates, and whilst there had suffered from the ordinary tropical diseases, as dysentery, etc.: otherwise, his health appeared to have been excellent. On admission, he was sallow, and somewhat emaciated; but otherwise in tolerably good health, and in excellent spirits, quite prepared, and indeed anxious, to undergo any operation which might be deemed advisable. About two years ago, he observed an ulcer on the tongue, about midway between the apex and base on the left side. This ulcer, small at first, yielded to no treatment that had been applied to it, and gradually increased in size and depth up to the present time. It was now irregular in shape, with induration of the tongue-substance beneath and around, and it was hollowed out, so that it would contain half a walnut. The patient never smoked, but recollected that he had a decayed and ragged tooth on the left side of the jaw at about the time of the appearance of the ulcer. In addition, there was on the left side of the neck a swelling, of the size of a goose's egg, first noticed about seven weeks before admission, firm, adherent, passing beneath the sterno-mastoid, and extending back to the trapezius on the sheath of the great vessels of the neck, in close connection with the carotid artery. There was also on the right side and in the anterior half of the submaxillary region, a second mass, of similar character, about as large as a walnut; the presence of these deposits precluded all idea of operating in this case, as it was impossible to remove the deposits in the glands, from their deep connections in the neck. I have just said the patient was sallow and emaciated when admitted, but otherwise in good health. Now, it is important to observe, that the man stated that he felt in excellent health, and had no wasting of the body, until the glandular tumours made their appearance, only seven weeks ago. He had been able to do his duty as a soldier up to that time; but so soon as these secondary deposits began to make their appearance, his strength began to fail. From the time of his admission till that of his death, a period of four weeks, the course of his disease was quickly run. The tumour rapidly increased, and he speedily sank into a low cachectic state, and finally died from exhaustion. During his stay here, he was never troubled with difficulty of swallowing or of breathing, nor was there any disease of the lungs or other viscera, as proved by the *post-mortem* examination made last Friday. His tongue, which I have here, presents this appearance. The left side, from about half an inch behind the tip nearly to the base, is hollowed out by ulceration, and little more than the right half of the tongue substance remains. In the neck, from beneath the jaw, reaching as low as the clavicle, is a softened mass of pultaceous consistence, forming the tumours before described. There are no secondary deposits whatever in the lungs or other internal organs, or any sign of visceral disease. Now, how did this man die? His powers of swallowing or breathing were never interrupted by the diseased state of his tongue, or by the tumour in the neck; he had no exhausting hemorrhage or continued purulent discharge; nor was his death accelerated by secondary deposits in the internal organs interrupting their functions. Well, he died, as is commonly the mode in epithelioma, from a kind of poisoning of the blood. The nutrition and repair of the blood were interfered with from the time of the growth of the secondary tumour; and thus was gradually induced a cachectic state of the system, which increased, until the functions of the body could no longer be performed.

This case I have brought before you because it illustrates so well the characters of this disease, "epithelioma," which are very different to those accompanying true cancer. This case was one of so-called "cancer of the tongue;" but was it, and are similar ones in reality cancer? It is better to call it "cancroid," or "epithelial cancer," or "epithelioma," than cancer, as it presents features very dissimilar from those of true cancer; and in no respect do they differ more widely than in the way death is occasioned. How does true cancer prove fatal? It destroys life, as you saw in some cases lately in this hospital—one of the breast, another of the groin, and a third of the rectum—in various ways. 1. By the growth becoming adherent to, and ulcerating through, the skin, with abundant discharge of sanious pus, and fungous granulations, which bleed frequently; this recurrent hemorrhage causing debility, and then exhaustion so great as to end in death. 2. By deposit of a similar nature to the primary growth in the internal organs, preventing the due discharge of their functions. In the case of scirrhus of the breast referred to, there were not only infiltrating masses of encephaloid growth penetrating the thoracic walls, giving rise to hydrothorax, but also secondary and distinct deposits in the lungs, and nodules of a similar structure, occupying a great part of the liver. This organ (the liver) was likewise the seat of cancerous masses in the case of scirrhus of the rectum. Thus, in true cancer, death is preceded by, occasionally, profuse fetid discharge, by hemorrhage, or by secondary deposits. If the course be very rapid, it is true that secondary deposits may not always be found; as then exhaustion, from sudden and profuse hemorrhage, is the immediate cause of the fatal event. In epithelioma, which has a local origin, and which cannot be considered to be the local growth and development of a constitutional state—as is the opinion that many hold with regard to true cancer—whether the form assumed by the epithelioma be the tubercular, the ulcerative, or the desquamating, as in the case of epithelioma of the lip I lately excised, however closely its histological and the naked eye characteristics resemble those of true cancer, however well marked the cachexy may be, yet the pathological signs are most distinct. It is true that secondary deposits, blood-poisoning, cachexia, great emaciation and exhaustion may, and often are, as well marked in one disease as in the other; still there is this radical difference in the secondary deposits, that in epithelioma the secondary deposits never pass more deeply into the system than the lymphatic glands; we find no deposits in internal organs, no cancerous nodules in the liver or lungs, as we do in true cancer, whenever the patient has lived long enough for the system to have become contaminated. This, then appears to be the great surgical difference between those epithelial growths and the real cancerous tumours, though both classes have several characters of malignancy in common. The distinctive habit of true cancer to go on developing itself, independently of situation or relation to organs, whilst that of epithelioma is to confine itself to the infiltration of neighbouring tissues, is not merely a dry pathological fact, but one most fruitful of suggestion for the surgeon, and materially influencing the prospect of complete immunity from recurrence after operation. The confounding of this form of disease with those tumours composed of real cancer, has caused the liability to error, and the variance of opinion of different surgeons in estimating the curability or the probability to recurrence of the disease after excision; removal of the first, viz., epithelioma of the tongue, lip, or penis, being followed by recovery, as the rule, whilst removal of true cancer is hardly ever more than a palliative measure; tolerably speedy recurrence taking place in nearly every case of the removal. For prevention of the recurrence of epithelioma, it is necessary that the growth be excised early, and that the knife be carried wide of the disease, so that all the deposits may be extirpated. If there be delay of the operation until after the disease has contaminated the absorbents, excision of the original mass does not effect a cure, part of the morbid structure being still left behind in these lymphatics, which will go on increasing in extent as if the primary mass still remained. If, however, we excise at as early a stage of the disease as you saw me do in the cases of cancer of the lip and penis, there is no doubt that long life and perfect immunity may be insured. In cancer of the tongue, recurrence is more common than elsewhere, owing, I believe, to the difficulty and danger of thoroughly removing the disease, when infiltrating the lingual substance widely and deeply. Of the rarity of recurrence, the best proof is, that comparatively seldom do patients with "cancer" of the lip or penis return to us with a fresh growth, and when they do it is mostly a deposit in the neighbouring lymphatic glands, which had probably been contaminated before the operation, and not in the cicatrix itself, nor in internal organs. I have myself operated, eight, ten, and twelve years ago, on patients who have enjoyed good health to the present time, bearing nothing more than the seam left where the lip had been notched. I also know of a case of amputation of the penis where the patient has lived nearly thirty years after the operation; and during the last ten years I have removed the penis, in several cases of epithelioma, from men now doing well, and free from any return. In fact, epithelioma is, in its origin, but a local disease, arising from some special irritation, as in "chimney-sweeps' cancer," from the irritation of the soot; in "cancer of the tongue," from a ragged tooth; in "cancer of the penis," from a tight pressure retaining the secretions of the glands. In fact, the progress of epithelioma closely resembles that of a syphilitic sore. Just as the syphilitic virus produces its ulcer before any constitutional effect results, which does so—first by contamination of the lymphatics, and, after a longer interval, by the poisoning of the blood, and then the induction of general cachexy; so, in epithelioma, a precisely similar series of symptoms accompany the progress of the disease that has been primarily established by the local irritation. In epithelioma, as in syphilis, you have a sore resulting from local irritation, you have no sign of constitutional disturbance or cachexy for some months, or even longer, until the glands take up the poison, the blood then becomes contaminated, and marked cachexy sets in.

With regard to the mode of removal of epitheliomatous growths, I strongly advocate the knife. By the knife they can be removed much more cleanly, safely, expeditiously, and with less suffering, than by caustic. Should, however, caustic be deemed preferable in any case, the most powerful should be applied, so that the whole mass may be immediately and thoroughly destroyed, that the effect may be the same as when the knife is used. But if the less active caustics be employed, as the nitrate of silver, for instance, the cauterizing effect is too weak for the destruction of the parts, and an irritating effect is produced, in addition to the caustic one; the neighbouring tissues become inflamed and infiltrated by plastic matter, which state of inflammation and infiltration is highly favourable to the spread of epithelial deposit.—*British Medical Journal*, March 17, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform.—Dr. H. Peake, of Yazoo City, Miss., records (*New Orleans Med. and Surg. Journ.*, July, 1860) a case of this in a man reduced to a mere skeleton from protracted intense suffering, the result of an old ulcer on the leg. "He had led an irregular life, and was intemperate. Of late, his health had been steadily declining, and for weeks his only rest had been procured by taking immense doses of morphine. Meantime, the ulcer had extended rapidly, so much so as to have involved nearly the whole of the muscles of the leg from near the patella to the malleōli. On the outer aspect of the leg, a ribbon-like strip of integument extended from that above the upper border of the ulcerated surface, and connected it with that of an almost gangrenous foot. The exposed muscles seemed literally rotten, and exhaled an odour, if possible, worse than that from a gangrenous lung. It seemed almost useless to attempt an operation, but he was clamorous for it, and his friends insisted also, notwithstanding I informed them of the possibility, nay, probability, of his dying under the knife. Moreover, death was certain without it, albeit his chances for recovery with it were not two in a thousand." So Dr. Peake, in consultation with Dr. Ingersoll, concluded to amputate the limb. "The patient was placed upon a table, and chloroform administered by Dr. I. Col. Wm. Bataille, an intelligent gentleman, who was present, assisted me. A couple of minutes' inhalation had placed him sufficiently under the influence of the anæsthetic, when I proceeded to make my first cut for the circular operation at the junction of the lower with the middle third of the thigh. I was turning up the integuments when his breathing and pulse suddenly stopped. I at once resorted to artificial respiration, and kept it up for some time, but to no purpose. He was dead."

Boylston Medical Prize Questions.—At the annual meeting of the Boylston Medical committee, on the 1st of Aug. of this year, a premium of ninety dollars or a gold medal of that value, was awarded to John Bell, M. D., of New York, for the best dissertation on the question:—

How far does the Microscope assist us in Surgical Diagnosis?

The other premium, of the same value, was awarded to David W. Cheever, M. D., of Boston, for the best dissertation on the question:—

The value and the fallacy of Statistics in the observation of Disease.

The following questions are proposed for 1861:—

1. *Excision of Joints.*

2. *Diagnosis and Treatment of Chronic Pleurisy.*

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M. D., *on or before the First Wednesday of April*, 1861.

The following are the questions proposed for 1862:—

1. *How far does the Microscope assist us in Surgical Diagnosis?*

2. *On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?*

Dissertations on these subjects must be transmitted as above, *on or before the first Wednesday in April*, 1862.

The author of the best dissertation considered worthy of a Prize, on either of the subjects for 1861 and for 1862, will be entitled to a premium of *sixty dollars*, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

It will be perceived that the question "How far does the Microscope assist us in Surgical Diagnosis?" has again been proposed for 1862. The successful essay for the present year displays, it is stated, considerable ability, but the question is of so much importance that it was considered to be worthy of still further investigation.

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American Association for the Advancement of Science.—At the recent meeting, at Newport, R. I., the next meeting was ordered to be held at Nashville, Tenn., in April, 1861. The following officers were elected: F. A. P. Barnard (President of the University of Mississippi), President, and Dr. R. W. Gibbes, of Columbia, S. C., Vice-President.

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Amherst College.—The trustees of this institution at a late meeting, established a Professorship of *Hygiene and Physical Education*, and elected Dr. John W. Hookar, a son of Prof. Worthington Hooker, of New Haven, to fill the chair. Instruction in this department of knowledge will, we feel sure, be useful and popular, and we have good reasons for believing that the incumbent of the new chair is eminently qualified to fill it with advantage to the school and credit to himself.

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New Orleans School of Medicine.—Dr. H. D. Schmidt, formerly prosector to Prof. Leidy, of the University of Pennsylvania, and last winter connected with the Mobile Medical College, has been appointed Demonstrator of Anatomy in the New Orleans School of Medicine.

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Medical Department of the University of Louisiana.—Prof. Lawson, of Cincinnati, has been appointed Professor of Clinical Medicine in the Medical Department of the University of Louisiana. This is an excellent appointment. We are glad to find that this school, like its colleague, the New Orleans School of Medicine, repudiates the doctrine that Southern students can not be taught practical medicine by Northern Professors.

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Medical College of the State of South Carolina.—Dr. Francis T. Miles, for many years the Demonstrator of Anatomy in this school, has been elected Professor of Anatomy in place of Dr. Holbrook, whose resignation we mentioned last month.

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Bequests.—The late Hon. Jonathan Phillips, of Boston, has bequeathed to the Massachusetts General Hospital and to the Massachusetts Medical Society each ten thousand dollars, and to the Charitable Eye and Ear Infirmary and to the Boston Dispensary each five thousand dollars, and twenty thousand dollars to the city of Boston to be expended in adorning the streets and public squares.

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Philadelphia Hospital, Blockley.—The guardians of the poor, at their meeting on the 24th Sept., on the recommendation of the medical board, has opened the hospital, free of charge, for the coming winter, to medical students for clinical instruction. The board has likewise authorized the committee on hospital to establish a museum for the preservation of pathological and other specimens, to aid in the investigation of diseases. This is a liberal movement, and one which will tend to secure the pre-eminence which Philadelphia has always maintained in her facilities for obtaining a medical education.

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Obituary Record.—Died in Charleston, S. C., on the 13 August, 1860, of Phthisis Pulmonalis, John Bellinger, M. D., aged 59. Dr. B. was at one time Professor of Surgery in the Medical College of the State of South Carolina, and was a most skilful practitioner and highly respected gentleman.

FOREIGN INTELLIGENCE.

The Use and Abuse of Tobacco.—[We would call especial attention to the following letter from Sir Benjamin Brodie. The long and extensive experience and mature judgment of the writer entitle his opinions to the greatest weight.]

"Sir: Having been applied to some time since to join in a petition to the House of Commons that they would appoint a committee to inquire into the effects produced by the prevailing habit of tobacco smoking, I declined to do so; first, because it did not appear to me that such a committee would be very competent to discuss a question of this kind; and, secondly, because, even if they were so, I did not see that it would be possible for Parliament to follow up by any act of legislation the conclusions at which they might have arrived. Nevertheless I am ready to admit that the subject is one of no trifling importance, and well worthy the serious consideration of any one who takes an interest in the present and future well-being of society. From these considerations it is that I now venture to address to you the following observations.

"The empyreumatic oil of tobacco is produced by distillation of that herb at a temperature above that of boiling water. One or two drops of this oil (according to the size of the animal) placed on the tongue will kill a cat in the course of a few minutes. A certain quantity of the oil must be always circulating in the blood of an habitual smoker, and we cannot suppose that the effects of it upon the system can be merely negative. Still, I am not prepared to subscribe to the opinion of those who hold that, under all circumstances, and to however moderate an extent it be practised, the smoking of tobacco is prejudicial. The first effect of it is to soothe and tranquillize the nervous system. It allays the pains of hunger, and relieves the uneasy feelings produced by mental and bodily exhaustion. To the soldier who has passed the night in the trenches before a beleaguered town, with only a distant prospect of breakfast when the morning has arrived; to the sailor, contending with the elements in a storm; to the labourer, after a hard day's work; to the traveller in an uncultivated region, with an insufficient supply of food, the use of a cigar or a tobacco pipe may be not only a grateful indulgence, but really beneficial. But the occasional use of it under such circumstances is a very different matter from the habit of constant smoking which prevails in certain classes of society at the present day.

"The effects of this habit are, indeed, various, the difference depending on difference of constitution, and difference in the mode of life otherwise. But, from the best observations which I have been able to make on the subject, I am led to believe that there are very few who do not suffer harm from it, to a greater or less extent. The earliest symptoms are manifested in the derangement of the nervous system. A large proportion of habitual smokers are rendered lazy and listless, indisposed to bodily and incapable of much mental exertion. Others suffer from depression of the spirits, amounting to hypochondriasis, which smoking relieves for a time, though it aggravates the evil afterwards. Occasionally there is a general nervous excitability, which, though very much less in degree, partakes of the nature of the *delirium tremens* of drunkards. I have known many individuals to suffer from severe nervous pains, sometimes in one, sometimes in another part of the body. Almost the worst case of neuralgia that ever came under my observation was that of a gentleman who consulted the late Dr. Bright and myself. The pains were universal, and never absent; but during the night they were especially intense, so as almost wholly to prevent sleep. Neither the patient himself nor his medical attendant had any doubts that the disease was to be attributed to his former habit of smoking, on the discontinuance of which he slowly and gradually recovered. An eminent surgeon, who has a great experience in ophthalmic diseases, believes that, in some instances, he has been able to trace blindness from amaurosis to excess in tobacco smoking; the connection of the two being pretty well established in one case by the fact that, on the practice being left off, the sight of the patient was gradually restored. It would be easy for me to refer to other symptoms indicating deficient power of the nervous system to which smokers are liable; but it is unnecessary for me to do so; and, indeed, there are some which I would rather leave them to imagine for themselves than undertake the description of them myself in writing.

"But the ill effects of tobacco are not confined to the nervous system. In many instances there is a loss of the healthy appetite for food, the imperfect state of the digestion being soon rendered manifest by the loss of flesh and the sallow countenance. It is difficult to say what other diseases may not follow the imperfect assimilation of food continued during a long period of time. So many causes are in operation in the human body which may tend in a greater or less degree to the production of organic changes in it, that it is only in some instances we can venture to pronounce as to the precise manner in which a disease that proves mortal has originated. From cases, however, which have fallen under my own observation, and from a consideration of all the circumstances, I cannot entertain a doubt that, if we could obtain accurate statistics on the subject, we should find that the value of life in inveterate smokers is considerably below the average. Nor is this opinion in any degree contradicted by the fact that there are individuals who in spite of the inhalation of tobacco smoke live to be old, and without any material derangement of the health; analogous exceptions to the general rule being met with in the case of those who have indulged too freely in the use of spirituous and fermented liquors.

"In the early part of the present century tobacco smoking was almost wholly confined to what are commonly called the lower grades of society. It was only every now and then that any one who wished to be considered as a gentleman was addicted to it. But since the war on the Spanish Peninsula, and the consequent substitution of the cigar for the tobacco-pipe, the case has been entirely altered. The greatest smokers at the present time are to be found, not among those who live by their bodily labour, but among those who are more advantageously situated, who have better opportunities of education, and of whom we have a right to expect that they should constitute the most intelligent and thoughtful members of the community. Nor is the practice confined to grown-up men. Boys, even at the best schools, get the habit of smoking, because they think it manly and fashionable to do so; not unfrequently because they have the example set them by their tutors, and partly because there is no friendly voice to warn them as to the special ill consequences to which it may give rise where the process of growth is not yet completed, and the organs are not yet fully developed.

"The foregoing observations relate to the habit of smoking as it exists among us at the present time. But a still graver question remains to be considered. What will be the result if this habit be continued by future generations? It is but too true that the sins of the fathers are visited upon their children and their children's children. We may here take warning from the fate of the red Indians of America. An intelligent American physician gives the following explanation of the gradual extinction of this remarkable people: One generation of them become addicted to the use of the firewater. They have a degenerate and comparatively imbecile progeny, who indulge in the same vicious habit with their parents. Their progeny is still more degenerate, and after a very few generations the race ceases altogether. We may also take warning from the history of another nation, who some few centuries ago, while following the banners of Solyman the Magnificent, were the terror of Christendom, but who since then, having become more addicted to tobacco smoking than any of the European nations, are now the lazy and lethargic Turks, held in contempt by all civilized communities.

"In thus placing together the consequences of intemperance in the use of alcohol and that in the use of tobacco, I should be sorry to be misunderstood as regarding these two kinds of intemperance to be in an equal degree pernicious and degrading.

"The inveterate tobacco-smoker may be stupid and lazy, and the habit to which he is addicted may gradually tend to shorten his life and deteriorate his offspring, but the dram drinker is quarrelsome, mischievous, and often criminal. It is under the influence of gin that the burglar and the murderer become fitted for the task which they have undertaken. The best thing that can be said for dram-drinking is, that it induces disease, which carries the poor wretch prematurely to the grave, and rids the world of the nuisance. But, unfortunately, in this, as in many other cases, what is wanting in quality is made up in quantity. There are checks on one of these evil habits which there are not on the other. The dram-drinker, or, to use a more general term, the drunkard, is held to be a noxious animal. He is an outcast from all decent society, while there is no such exclusion for the most assiduous smoker.

"The comparison of the effects of tobacco with those of alcohol leads to the consideration of a much wider question than that with which I set out. In all ages of which we have any record, mankind have been in the habit of resorting to the use of certain vegetable productions, not as contributing to nourishment, but on account of their having some peculiar influence as stimulants or sedatives (or in some other way) on the nervous system. Tobacco, alcohol, the Indian hemp, the kava of the South Sea Islanders, the Paraguay tea, coffee, and even tea, belong to this category. A disposition so universal may almost be regarded as an instinct, and there is sufficient reason to believe that, within certain limits, the indulgence of the instinct is useful. But we must not abuse our instincts. This is one of the most important rules which man, as a responsible being, both for his own sake, and for that of others, is bound to observe. Even such moderate agents as tea and coffee, taken in excess, are prejudicial. How much more so are tobacco and alcohol, tending, as they do, not only to the degradation of the individual, but to that of future generations of our species.

"If tobacco-smokers would limit themselves to the occasional indulgence of their appetite, they would do little harm either to themselves or others; but there is always danger that a sensual habit once begun may be carried to excess, and that danger is never so great as in the case of those who are not compelled by the necessities of their situation to be actively employed. For such persons the prudent course is to abstain from smoking altogether.

"Trusting that you and your readers will excuse me for having occupied so large a space in your columns,

"I am, Sir, your obedient Servant,

"August 27. "B. C. Brodie."

Med. Times and Gaz., Sept. 8th, 1860.

Smoking and its Effects.—The pupils of the Polytechnic School in Paris have recently furnished some curious statistics bearing on tobacco. Dividing the young gentlemen of that college into groups, the smokers and the non-smokers, it is shown that the smokers have proved themselves in the various competitive examinations far inferior to the others. Not only in the examinations on entering the school are the smokers in a lower rank, but in the various ordeals they have to pass through in a year, the average rank of the smokers had constantly fallen, and not inconsiderably, while the men who did not smoke enjoyed a cerebral atmosphere of the clearest kind. It would be interesting to pursue this plan of statistical inquiry in our public schools and universities. Perhaps smoking is in many instances not the cause but the effect or indication of intellectual mediocrity. Is there any connection between smoke and German metaphysics?—*Lancet*, Aug. 25, 1860.

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Drops or Minims.—Notwithstanding all that has been said and written on the essential difference which exists between a "drop" and a "minim," and the danger which must often arise from the use of the former in prescribing the more powerful fluid medicines, there is still much room for improvement. The subject was brought forward in a trial which took place at Lewes, in the Crown Court of the Home Circuit, before the Lord Chief Justice, on Monday last. The prisoner, a young man, named George Bull, was charged with the manslaughter of his mother. The deceased lady was 66 years of age; she was subject to violent fits of sickness, and the prisoner, who had been brought up to the medical profession, but was not in regular practice, was in the habit of prescribing to her small doses of prussic acid, of Scheele's strength. On Wednesday, the 11th of July, the prisoner procured a drachm of prussic acid from Mr. Roswell, a chemist in the town, and he administered to the deceased in the early part of the day a dose of four minims. In the evening, the prisoner administered to her another dose of prussic acid; and the deceased had hardly time to go up to her bedroom when she became insensible, and died almost immediately afterwards. Upon the bottle that had contained the prussic acid which the prisoner obtained from Mr. Roswell being examined, it was found to contain only twenty-five minims, thus leaving thirty-one minims altogether unaccounted for.

Mr. Scrase, of Lewes, the surgeon who had been called in to attend on the deceased, stated that the prisoner told him that he had given seven *drops* of prussic acid. In answer to questions from the Lord Chief Justice, Mr. Scrase observed that the size of the drop would be affected by the fact of the cork remaining partly in the bottle. It was his own practice to measure by minims; and, he observed, with such a deadly matter as prussic acid, it was not prudent for any medical man to rely upon drops; he ought to measure it. These, and some other observations on the relative strength of Scheele's and the *Pharmacopœia* acids, are what would be expected from a tolerably well informed and judiciously cautious medical man; but, in contrast, here is the examination of the druggist who sold the prussic acid:—

"Mr. E. H. Roswell, a druggist at Lewes, deposed that on the 11th of July the prisoner came to his shop, and asked for some prussic acid, and he gave him a drachm. The drachm would contain sixty minims. He did not measure it, but gave what he considered to be one-fourth part of the bottle.

"Mr. Serjeant Ballantine: As you say you did not measure it, can you tell us how much prussic acid you really did give to this gentleman?

"Witness: I cannot say to a drop I am sure he had fifty drops. I consider a 'drop' and a 'minim' synonymous terms. I gave the prisoner about the quantity, but when prussic acid is dispensed by a medical man, he is, of course, careful as to the quantity he uses.

"The Lord Chief Justice: We have been told that a 'drop' contains two minims, and this witness says he looks upon the two terms as synonymous.

"Mr. Serjeant Ballantine: If you were told to give a patient so many 'minims,' should you give him so many 'drops?'

"Witness: Certainly not.

"Mr. Serjeant Ballantine: Can you tell us the strength of the acid you sold?

"Witness: I don't know what strength it was. I should think about four per cent.

"Mr. Serjeant Ballantine: I am much obliged to you for your candid answers in reference to such an article as prussic acid."

Here is a man who looks on the terms "drop" and "minim" as synonymous, and, when asked for prussic acid, pours into the bottle what he considers to be "about the quantity!" We presume that Mr. Roswell is not a member of the Pharmaceutical Society, or in the habit of reading their publications. If he had seen the number of the *Pharmaceutical Journal* for the present month, he would have seen that a writer therein has elaborately demonstrated the fact—of which many members of the medical profession are probable already aware—of the utter want of definite proportion between the drop and the minim, and the consequent impossibility of using them with safety as convertible terms in prescribing.

The writer referred to, Mr. Barnard Proctor, states that he has ascertained the number of drops equal to a drachm of various essential oils, etc. The results are most strikingly various. To make a drachm, 100 drops of croton oil are required; of oil of caraway, 98 drops; of oil of peppermint, 110; of oil of cloves, 90; of chloroform, 250; of tincture of digitalis, 96; of tincture of opium, 108; of creasote, 110; of hydrochloric acid, 45; of *dilute* hydrochloric acid, 65; of nitric acid, 72; of hydrocyanic acid, 54. The size of the drop, Mr. Proctor observes, is not affected by the comparative fluidity of the liquid, or by the thickness of the lip of the bottle; but by the manner in which the dropping is performed. Fifty-four drops of hydrocyanic acid equalled a drachm, when each drop fell clearly from the lip of the phial; but if the stopper were not entirely removed, and the drop fell conjointly from the stopper and the lip, thirty-two drops filled the same measure.

The drop or minim question is by no means a small one. A life may depend on it; and, short of this, how is it possible for any one dispensing medicine by drops to have an idea whether he is doing too much or too little? Suppose, for instance, that he is using a new fluid preparation, of which he is told that the dose is so many *minims:* how can he, if he have proper regard either to the advantage or safety of his patient or to his own reputation, administer it in that most latitudinarian measure, the *drop!*

We would call the attention of our readers to the importance of the difference between the drop and the minim, as a matter of scientific as well as of practical interest in medicine.—*British Med. Journ.*, July 28, 1860.

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Distinguished Medical Men.— In the ranks of general literature and science, British Medicine is rich at the present time in representative men—Sir Benjamin Brodie, President of the Royal Society; Livingstone, the pioneer of civilization in Central Africa; Owen, the British Cuvier; Darwin, the far-seeing, fact-compelling, naturalist; Lever, the Irish novelist; Sir James Kay Shuttleworth, the public educationist; Sir Charles Nicholson, founder of the University of Sydney, and the first inhabitant of the great colony of Australia honoured with rank and title by the mother country. May the possessors of these names long survive to reflect credit on us, do honour to themselves, and good in their generation! Nor can we omit our need of admiration for our French *confrère*—Lescarbault, who, amidst the distractions and fatigues of a country practice, last year could yet manage to discover a new planet in the heavens, and so inscribe his own name imperishably on the scroll of astronomic fame. — *Dr. Radclyffe Hall.—Lancet*, Aug. 25, 1860.

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Health of London.—Though we have experienced such unsummerly, such cold and rainy weather, during the present season, the health of the people has been above the average; at least, the *mortality* has been less than usual, though such rate, we admit, in itself is not necessarily a proof of the amount of sickness that may be prevailing. There may be, for example, a wide-spread epidemic existing which is not marked by causing much increase in the rate of mortality; and, conversely, cold and bleak weather in winter and early spring may carry off old persons and infants, whilst there shall exist very little sickness amongst the people at large. But most of our professional *confrères* have remarked, for some time past, how "little there was to do." We certainly think that both public and private practice have, for some weeks, been a less heavy burden than usual. On referring to the Registrar-General's Reports, we find that the number of deaths registered in London during the third and fourth weeks in July was 975 respectively; whilst for the corresponding weeks of the ten years 1850–59 the average number of deaths will be found (with allowance for the increase of population) to be 1156. The deaths reached 1000 during only the second week of the past month. Smallpox has been gradually decreasing; and although there has been of course an increase in the number of deaths from diarrhœa, yet the mortality from it is still very low as compared with that of previous years. The deaths from this disease in London, during the last four weeks, have been successively 32, 52, 65, and 90; whilst the corrected average of the corresponding weeks in ten previous years is 202. We know of one case of decided summer *cholera* having been admitted into one of our general hospitals. The patient—a man—rapidly recovered under the use of calomel and opium, ammonia, and brandy. Healthy as we have been, however, we think that forms of arthritic disease—or "rheumatic arthritis," as some prefer to call it—have been both very prevalent and obstinate for some months past. Certain of our correspondents abroad, however, do not give favourable accounts of the state of health of particular communities.—*Lancet*, Aug. 25, 1860.

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Operation on Sir Benjamin Brodie's Eyes.—The following paragraph appeared in the *Times* on Thursday:—

"Sir B. Brodie.—A paragraph having appeared in some newspapers on the state of Sir B. Brodie's health, we are authorized to state that he has lately undergone an operation for the improvement of his sight, and that a satisfactory result is anticipated."

This public allusion to a subject in which the Profession naturally take a deep interest renders a longer silence on our part impossible, and it becomes our duty to let our readers know that the operation of iridectomy was performed on both Sir Benjamin's eyes on July 12. His sight had been failing since Christmas last, but was not painfully defective until the completion of his 78th year in June. About that time vision became rapidly more and more impaired, especially in the left eye. Up to this time the disease had been regarded as senile cataract, more advanced in the left eye than in the right, but after the return of Sir Benjamin from the meeting of the British Association at Oxford, the defective vision was ascribed to glaucoma. Iridectomy was performed under chloroform. We deeply regret to say that the result is not so satisfactory as the paragraph in the *Times* might lead the Profession to hope. The left eye we believe to be much in the same state as before the operation—if anything slightly improved; but in the right, or better eye, vision is quite lost. The great ground of hope in this case is that as there is now a cataract very evident in the right eye, this is the cause of the impaired vision, that the eye is not glaucomatous, and that hereafter vision may be restored by extracting the cataract. We have not alluded to this subject before, as it is to some extent a private matter; but the whole Profession have so filial an interest in all that relates to the respected President of the Royal Society and of the Medical Council, that all have a right to know as much as is freely talked about in the Medical coteries of the metropolis—especially at the present time when a comparatively new operation like iridectomy is on its trial.—*Med. Times and Gaz.*, Aug. 18, 1860.

In the editorial in the *Lancet* of a later date (Aug. 25) it is stated that Sir B. Brodie "has lately undergone an operation undertaken with the view of restoring vision, which had become impaired either from advancing cataract or glaucoma. It is understood that the operation has failed. All will hope that the failure is not irremediable. As no man living has done more honour to surgery, so no one has a better claim to benefit by all the resources of the Art. It will be a subject of lasting regret should it prove that Sir Benjamin Brodie has suffered from any error of diagnosis or of treatment. The warmest sympathies of the entire profession are with the respected sufferer in this case."

Tincture of Aloes in Gonorrhœa.—The *Lombard Medical Gazette* reports the success obtained by a well-known practitioner —Dr. Gamberini, of Bologna (lecturer on clinical surgery at the Hospital St. Ursula, in that city), by means of injections of diluted tincture of aloes in gonorrhœa. It is said to cure the discharge, even in the most refractory cases, more rapidly than the usually prescribed astringents. The formula recommended is as follows: "℞.—Tra. aloës, ʒiv.; aquæ ad ℥iv.—M. Ft. lotio; ter in die injiciend." Some of your readers may possible think this worth a trial in their practice.

New Cure for Tetanus.—In a severe case of tetanus, with opisthotonos, "M. Pescheux took the idea into his head of injecting into the neck, at the median line, a subcutaneous injection of sulphate of atropine. The poisonous qualities of the atropine were well marked, but with them had also disappeared the tetanic symptoms."

The Cholera in Spain.—The "Siglo Medica," of Madrid, contains an article which shows that the cholera has regularly broken out every year in some part of Spain since 1854. From the 1st of May to the 29th of June of this year, 5344 cases occurred at Malaga, the deaths being 2267. Many provinces have been invaded, but Madrid has as yet escaped.

Humane Improvements in Slaughtering.—*L'Union Médicale* lately published a valuable report read at the general meeting of the Paris Society for the Prevention of Cruelty to Animals. In this document are described several cruel practices which are of daily occurrence, both during the conveyance of the animals to Paris and the actual treatment of them at the slaughter-houses. It is to be hoped that this publicity will lead to the removal of the evils alluded to. Amongst the suggestions which the report has drawn forth, is one which deserves attention. M. Auber, of Macon, thinks that air injected or blown into an opened vein would bring on instantaneous and painless death; and grounds his belief upon the effect produced upon dogs and other animals by this mode of destruction. He adds that it was customary with the French army at Rome to kill in this humane manner horses unfit for further service.—*Lancet*, Aug. 4, 1860.

Impervious Aorta near the Arch in a New-born Child, who lived Five Days.—M. Devilliers mentions this case in *L'Union Médicale* of the 23d ultimo. The left ventricle was very small, and a probe passed from its cavity upwards towards the arch met with an obliterated canal. The sigmoid valves were in fact glued together, and rendered the vessel impervious. Of course the circulation of fœtal life could accommodate itself to this abnormal state; but extra-uterine life sank under it, although the ductus arteriosus remained widely patent.—*Lancet*, Sept. 1, 1860.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Complete Reduction of the Head of the Humerus after Six Months' Dislocation.—In long-standing dislocations of the shoulder it is seldom indeed that the head of the humerus is restored direct to the glenoid cavity; in most cases, if any improvement is effected, it is by the capsule forming a cushion between the two articulating surfaces, which not only permits of pretty fair motion, but lessens the deformity. This we have now seen on several occasions. Some months back, however, an elderly man was brought to Mr. Brodhurst, at the Royal Orthopædic Hospital, whose right shoulder had been dislocated six months. An effort was made to effect reduction, and no difficulty was experienced by Mr. Brodhurst in breaking up the adhesions, and most effectually reducing the dislocation—that is, restoring the head of the humerus to its normal receptacle, the glenoid cavity, which took place with an audible "click." The bone was retained in position without much difficulty; and notwithstanding that there was atrophy of the deltoid muscle from disuse, and considerable shortening of the great pectoral muscle, the patient was gradually obtaining good motion. In this case there was no intervening capsular membrane to interfere with the accomplishment of reduction; and as this circumstance is extremely rare after the first three or four months, Mr. Brodhurst's case may perhaps be considered as one of the most remarkable on record. Dr. Keppell had informed him that he had succeeded in reducing two cases of dislocation of the shoulder at the unusual period of seven and fourteen months' duration, and in both cases with satisfactory motion; but we are inclined to doubt whether, in the second case, the re-

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duction was a perfect one. Might there not have been a cushion of capsular membrane between the articulating surfaces?—*Lancet*, Sept. 8, 1860.

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Ligature of Right Subclavian.—On June 26th the right subclavian artery was tied, at St. Bartholomew's Hospital by Mr. PAGET, assisted by Messrs. Wormald and Coote, for axillary aneurism. The patient was an aged man, formerly a soldier, but apparently still in the enjoyment of good health. Mr. Paget, after making a large incision, parallel with the clavicle, partially divided the clavicular origin of the sterno-mastoid muscle. He then made his way to the outer border of the scalenus anticus muscle, and applied the ligature without difficulty. There was scarcely any hemorrhage, and the patient was conveyed from the operating theatre perfectly conscious and collected. The pulsation in the aneurism ceased entirely on the knot being tied. —*London Monthly Rev.*, July, 1860.

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Gonorrhœa with Articular Rheumatism.—Gonorrhœal rheumatism is an affection as to the pathology of which surgeons still differ greatly in opinion. Sir A. Cooper is stated to have been the first surgeon who publicly described this affection, which he considers "not an unfrequent disease," and portrays graphically his first case. (Surgical Lectures, pp. 273–74.) Sir Astley Cooper remarks, at the conclusion of this case: "Whether it is by absorption of the poison, or the constant irritation produced by the inflammation of the urethra, I do not know; but certain it is that gonorrhœa produces ophthalmia and rheumatism, and when not a single drop of matter has been applied to the eye." The concurrence of articular rheumatism with gonorrhœa is so often observed, and under circumstances so strongly favouring the belief in the kind of connection arbitrarily called metastatic, that probably the majority of surgeons incline to the retention of the term "gonorrhœal rheumatism" in our surgical nomenclature, and hold to the theory which such a phrase indicates. These opinions are opposed by many modern surgeons, who see here nothing more than a coincidence of the two diseases, and consider that they have no causal relation. They are, however, strengthened by the observation of many cases which come under notice in the course of a wide experience, in which acute rheumatism attacks a patient suffering with gonorrhœa, who has never had any previous rheumatic tendency, and who had not been subjected to damp or to any other ordinary causes of rheumatism; the discharge from the urethra disappearing as the joint-affection is developed, and reappearing as it is cured. Sometimes these attacks of articular rheumatism, inaugurated by a first attack of gonorrhœa, are repeated on subsequent attacks of the latter. Most of these critical points were present in the case of J. B——, aged twenty-three, admitted into St. Mary's Hospital under Mr. Coulson's care. He was healthy and robust, and had contracted a gonorrhœal running some two months prior to admission, which still continued. He had not been exposed to the weather, and knew of no way in which he could have contracted rheumatism, but when admitted he was suffering from strongly-marked rheumatic pains and stiffness in the neck, with articular rheumatism of the right knee-joint. He was fearful of being laid up for a long time, as during a previous attack he had suffered greatly from rheumatic inflammation of the left knee. Mr. Coulson ordered for him ten grains of Dover's powder and two grains of calomel at night, with three grains of iodide of potassium and ten of the bicarbonate of potash in camphor mixture every four hours; local warmth and anodynes to the painful parts. The pains and swellings abated under this treatment, and tonics were successfully employed to bring about convalescence. The discharge from the urethra now becoming troublesome, Mr. Coulson ordered a weak solution of nitrate of silver to commence with—one grain to four ounces; and this being properly regulated in strength, and a careful diet observed, the man was discharged cured.

This case was one which seemed to illustrate well most of the points which have induced a belief in the direct connection between gonorrhœa and rheumatism. The treatment which succeeded so well here was simply directed to the cure of the rheumatism in the first instance, leaving the gonorrhœa, no longer inflammatory, to be subsequently treated by injection.—*Lancet*, Sept. 15, 1860.

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Well-marked Syphilis in a Female Child aged Ten Years.—When a young child, the suject of primary syphilis, is brought before a surgeon, the disease is usually found to depend, in some way or other, upon the accidental contact of the poison by means of the clothes of an adult person, who may possibly be a near relative of the child. This occurrence is by no means so rare, amongst the children of some of the poorest and most abandoned of our population, as might at first sight be supposed.

A case differing very much from such a condition of things, however, was recently in President ward of St. Bartholomew's Hospital, under Mr. Lawrence's care. A little girl, ten years old, the child of humble but clean and respectable parents, was admitted, on the 19th of July, with a series of mucous tubercles on both labia, excoriations of the perineum and verge of the anus, together with ulceration of the tonsils and hard palate. She had, besides the foregoing, a secondary leprous eruption about the arms and body. Her mother knew nothing about these, but the child confessed to having had carnal connection with her cousin, a lad of fourteen years, and no doubt was contaminated by him. There was no evidence of penetration, because the hymen was entire, its aperture being of the size of a goose quill. She was otherwise a stout little girl, and well developed in every way.

She was treated in the usual manner by small doses of gray powder and other medicines, and rapidly improved in her general health.

Her case is a very instructive one in a medico-legal point of view, for here we find that efforts at connection had voluntarily been made by a mere child, without any success beyond penetration of the vulva, yet it is followed by the communication of primary syphilis from a lad of fourteen years. It would have been interesting to have obtained the history of the boy in this case.

Necrosis of the Sternum. — The fact is well known to surgeons, that when necrosis has attacked any of the flat bones, the separation of the sequestrum is a tediously long process, even if it should occur at all. The denuded, or we may say carious surface, may remain rough and exposed for a considerable period, sometimes even for several years. This is the general experience with the pelvic bones, the scapula, and the sternum. The destructive influences often penetrate pretty deeply into the last, owing to the circumstance of its being less compact and firm in texture than the other bones. The spongy structure readily crumbles away by the ulcerative process, and the minute fragments are thrown off in the secretions. The cure of a carious condition of the sternum is, therefore, not very readily accomplished, unless the affected parts are removed with the aid of a gouge, and care be taken that the pus or other secretion does not burrow over the bone. We have noticed some six or seven instances during the past few years in which patients were under treatment in our hospitals for disease in this situation, and, perhaps, the majority of them were the result of strumous abscesses. The cure of the greater number of them was tedious, although it was effectual.

Another case of the kind is at the present time in St. Mary's Hospital, under Mr. Walton's care, in the person of a young woman, aged twenty-one, with a well-marked strumous diathesis, and who has previously been the subject of abscesses in other parts of the body, as evidenced by the presence of numerous cicatrices. About eighteen months ago a lump spontaneously formed over the upper third of the sternum; this suppurated and burst, and a sinus was left about two inches in length, extending down to the bone, which was in a carious condition. On her admission, the sternum all around was much swollen, and the parts tender, as if encircling an actual sequestrum. None, however, has been found. The sinus was slit up, and the old wound laid open to the bottom, since which, free suppuration has become established, healthy granulations are springing up, and there is a prospect of the morbid process being stopped.

On the 5th of August, a female was brought into the operating theatre of King's College Hospital, with necrosis of the sternum, and disease of the costal cartilages, the result of a strumous abscess in the breast five years before. Sinuses had formed in various directions; some of them were subcutaneous, whilst others were deep, and burrowed amongst the deeper tissues, especially implicating the subjacent osseous and cartilaginous structures. As the patient was very nervous and irritable, most of these were slit up under the influence of chloroform, and the surface of the sternum was exposed, rough, and denuded of periosteum. The carious surface was gouged away, and a spicula of dead bone was removed from the superficial parts. Free and healthy suppuration has become established, and under the use of good diet and tonic remedies, it is expected that the parts will assume a healthy character, and completely heal up.—*Lancet*, Sept. 8, 1860.

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Profuse Hæmaturia after a Blow on the Front of the Abdomen.—A lad, aged about seventeen, was admitted the other day into the London Hospital on account of retention of urine, and escape of blood by the urethra, which had followed a blow in the lower part of the abdomen, on the left side. He was pale, and almost faint. Mr. Payne, the House-Surgeon, succeeded in introducing a catheter, and drew off about twelve ounces of fluid, which apparently consisted chiefly of blood. On being allowed to stand, about half of this fluid formed itself into clot. The lad's history of the case was that he had been quite well until about two hours before admission, when, in a "lark" with a comrade, he received a blow in the abdomen. At the time of the blow his bladder must have been moderately full, for he had not passed urine for five hours. Soon afterwards he attempted to empty the bladder, but only passed "about a gill" of what appeared to be pure blood, and that with considerable pain. On being closely questioned, he was quite certain that he had not received any injury to the perineum or loins, and he would not admit that the blow on the abdomen had been a very violent one. An important question as to diagnosis and prognosis presented itself in this case. We are accustomed to associate severe hemorrhage from internal viscera following concussions with actual lacerations. If any organ were, in this instance, lacerated, it was difficult to suppose, considering the direction of the violence, that it could be any other than the bladder itself. The fact that so large a quantity of fluid had been drawn off was to a certain extent opposed to such a supposition that the bladder had been ruptured, but could by no means be held definitely to exclude it. The sequel of the case has proved that the injury was not of so severe a nature as the very formidable hemorrhage might have inclined me to fear. The lad was at once admitted, and an opiate with stimulants was given. The escape of blood by the urethra continued in small quantities for about an hour, and then wholly ceased. Warm fomentations were applied, and he soon became able to pass urine voluntarily. On the following day he was comfortable, with scarcely any abdominal tenderness. The only conjecture which can now be given as to the source of the hemorrhage is that it proceeded from laceration of the mucous membrane of the bladder, and that the outer coats of that viscus were not involved.—*Med. Times and Gaz.*, Sept. 1, 1860.

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Excision of the Elbow-Joint in an old Man—Successful Result.—Excision of the elbow-joint has probably been very seldom performed on patients of more advanced age than was the subject of the subjoined case.

John L., aged sixty-eight, was admitted under Mr. Curling's care into the London Hospital about four months ago, on account of advanced disease of the left elbow-joint. He was, considering his years, in a good physical state, and he was of a quiet, hopeful temperament. He was rather thin, and had lost flesh and strength considerably, in consequence of the local disease. The latter had followed a sprain received fourteen months before, and had advanced rapidly to entire destruction of the articulation. There was great swelling of the soft parts, and from two or three large open sinuses there was profuse discharge. Bare bone could be easily felt by the probe, and grating was produced by forcible motion. There was, besides excision or amputation, no third alternative; the man's health was failing under the disease, and there existed scarcely a possibility of his getting well spontaneously. Mr. Curling decided, notwithstanding the man's age, to perform resection.

The operation was performed in May last. The longitudinal incision was the one adopted. The ends of the three bones, all of them denuded of cartilage and carious, were freely cut away. There was no great loss of blood, though several vessels required ligatures, the thickness and vascularity of the soft parts being considerable. The limb was put up in an angular splint semiflexed. The man was feverish and without appetite for two or three days, but this state soon passed off, and he made a rapid and uninterrupted recovery. He left the hospital, the parts being soundly healed, ten weeks after the operation. He has excellent motion at the elbow, and is already able to use his hand a little.

In 1854, the late Mr. Statham, then Assistant Surgeon to University College Hospital, excised the elbow-joint of a woman aged seventy; but the result was, I believe, not wholly satisfactory. At the same hospital, in 1858, Mr. Erichsen excised the same joint in a man aged sixty-three. Mr. Erichsen's case was one of the first in which, in England, the simple longitudinal incision, as recommended by Langenbeck, was adopted. The man made a most excellent and rapid recovery. It would appear, indeed, that elderly persons bear excisions at the elbow quite as well as amputations of the arm, and, as in them, there is always a risk of secondary hemorrhage from disease of the arterial coats, it is of moment to avoid an operation which necessitates ligature of a large trunk.—*Med. Times and Gaz.*, Sept. 8, 1860.

LECTURE.

Clinical Lectures Delivered at University College Hospital.—By JOHN ERICHSEN, Esq., Prof. of Surgery and of Clinical Surgery.

LECTURE III.—*On the Diagnosis of Tumours of the Breast.*

GENTLEMEN: Every woman who has a swelling in the breast fears it is a cancer. She knows no distinction between one kind of tumour and another, and imagines every tumour to be a cancer. Constantly dreading this disease, she believes, as soon as she finds she has a tumour, that she labours under it. She goes to a surgeon, and uncovers her bosom with great hesitation, and with earnest solicitude scans his countenance as if there to read her fate. If the surgeon be able to say, "My dear madam, this tumour need give you no uneasiness, it is attended with no danger, and will occasion no inconvenience hereafter," he sees by the smile which immediately illumines her features what a load of anxious care is removed from her mind. In many cases of tumour of the breast, as well as elsewhere, it is quite possible to pronounce positively, and at once, for good or for evil. If the patient be middle aged, if the tumour be hard and adherent to the skin, and more particularly if it be ulcerated; if there be a chain of indurated glands extending into the axilla; if the countenance be sallow, with glistening eyes, and the frame emaciated, the surgeon can seldom be wrong in at once deciding the tumour to be cancer; on the other hand, when the patient is young, the tumour hard but movable, the constitution delicate but good, the surgeon may require time to perfect his diagnosis. This uncertainty with regard to diagnosis of the tumours of the breast is an inherent element of these diseases, and may even continue after the growth has been removed from the mamma. In many cases surgeons will be in doubt about its nature, and this doubt is not cleared away until the tumour is subjected to careful microscopical investigation. So great is this difficulty, that the most skilful surgeons will occasionally err. It is true that the progress of the disease, and the state of the constitution of the patient will eventually throw light on the nature of the disease; but there is nothing pathognomonic in the early stage of the growth of these tumours, and it is at this period that the great difficulty in their diagnosis arises.

In the early stages of all tumours of the breast, the surgeon is at last compelled to form his judgment of their nature by the manipulation of the mass. You can readily understand that, however skilled the sense of touch, however much he may possess the *tactus eruditus*, he may easily be deceived. For instance, if you were to put half a dozen apples under a napkin, and by simple manipulation you had to determine which one was a Ribstone pippin, which a golden one, you might in a few cases be right, but in many you would certainly err. This is precisely what happens in tumours of the breast, though the history of the case will often reduce to a certainty the opinion we had formed of a tumour from its feel, and which otherwise would have remained obscure and unsettled. There is no class of surgical diseases in which errors of diagnosis are so likely to occur as in that of diseases of the breast. The most skilful surgeons may err, and have frequently done so; and, indeed, you would gain more instruction from an account, if it were possible to write such a one, of the errors of surgeons in these matters, than by reading any account of the diagnosis of these diseases. It is in a great measure in consequence of, and by taking advantage of these errors, that the cancer-curing quacks, who, whether lay, clerical, or medical, flourish in all large towns, derive much of their reputation with the public. They have this advantage over medical men. Suppose the "cancer-curer," as he calls himself, fail in effecting a cure, he is then no worse off than the regular practitioner, by whom the disease had previously been pronounced to be incurable. But if a medical man makes an error, and diagnoses cancer when in reality the tumour is a benign one, the patient, knowing that medicine affords her no relief, and that surgery only offers the palliative measure of extirpation, applies to a "cancer-curer;" he uses his caustics, and destroys a tumour, which, being non-malignant, though erroneously believed to be cancer, does not return. Such a case is ever after looked upon by her friends as an incontestable cure of a cancer, which had been pronounced to be incurable by medical men. Hence it is very necessary not to hazard a positive opinion in doubtful cases, or at all events not to throw one out on the gloomy side.

I recollect three cases sent into this hospital at no very distant date, which illustrate this last observation. The first was that of a man with a "tumour" of the lower jaw, which was sent in as a cancer of that bone. It was solid, firm, and prominent; but there was some œdema of the soft parts covering it. I passed in a grooved needle, and let out some pus. It was an abscess. I then put in a seton; the walls were thick, and lay close to the bone; but they rapidly melted down, and the "tumour" disappeared.

The next case was that of a young woman who came to me with a large "tumour" of the side of the neck, of the size of a cocoanut, on which was an ulcerated surface as large as the palm of the hand. She told us that it had existed a year or two; that she had been to a medical practitioner, who pronounced it to be "cancer of the neck;" that she then went to a "cancer-curer," who used caustic to it; this gave her such intense pain, that she could not return to him, under which circumstances she applied to this hospital. When I examined the swelling, I felt some deep fluctuation. I inserted an exploring trocar, let out a considerable quantity of pus, enlarged the puncture, and put in a seton. The patient was well in a month. Now, had the "cancer curer" penetrated half an inch more deeply with his caustics than he did, he would have had the credit of curing a cancer of the neck by opening an abscess.

The third case occurred very recently. An old man came here from the country with two cicatrices on the lower lip, which, he said, were the result of two operations for "cancer;" one twelve years ago, and the other a year and a half since. There was a large tumour beneath the angle of the jaw, which several London surgeons had told him was a return of cancer under the lower jaw, for which nothing could be done; and that he had better return home. This tumour appeared to me more elastic, and not so circumscribed, as secondary cancers usually are. I passed a grooved needle into it, and let out a drop or two of pus. I then laid open the tumour. An ounce and a half of thick yellow pus escaped. The wound granulated; the cyst filled; and the man left the hospital cured.

These cases are by no means uncommon. Abscesses, as well as other tumours of the breast, are frequently mistaken for cancer. Some years ago, on going by invitation to the house of a notorious "cancer-curer," whose practice was open to the profession, I saw among his patients a young woman, twenty-three years of age, with a chronic mammary tumour of the breast. I said to him, "Do you call this a cancer?" His reply was, "Wal, I guess it was sent to me as one by a surgeon; and that's enough for me." And no doubt it was enough for him. That was the very thing that men of his class want—a simple tumour, pronounced to be cancerous. They remove it as a cancer, and get the credit of a "cure."

So far as the breast is concerned, for all purposes of surgical diagnosis, its tumours resolve themselves into two classes; first, the simple; second, the malignant. The simple non-malignant tumours again resolve themselves into three classes; first, *abscesses;* second, *cystic tumours;* third, *solid tumours* of various kinds. These are the distinctions you may establish for the purposes of diagnosis. Now let us examine these different classes a little in detail.

First, with regard to the diagnosis of abscess. Now, there are four kinds of abscesses of the female breast; three of these are not difficult to distinguish as abscess; the fourth often is so. The first is the ordinary subcutaneous abscess between the skin and gland, generally near the areola; it is accompanied by the ordinary symptoms of phlegmonous and suppurative inflammation—heat, pain, and throbbing. There is usually no great difficulty in diagnosing this variety; it is often met with at the age of puberty, in consequence of the increased action set up about this time. It occurs alike in single or married females, and usually without any uterine complications. In the diagnosis of this subcutaneous abscess, error will, however, sometimes creep in. For instance, a gentleman of considerable professional skill and acquirement, one day brought a patient to my house with "a tumour of the breast," which he said would require removal. On examining the bosom, I found one of these subcutaneous abscesses with a good deal of œdema around it. I retired with my friend into another room, told him my opinion, and proposed to open it there and then. "For God's sake," said he, "don't do that. I have said it was a 'tumour,' and I shall get into a scrape if you open it." I told him not to make himself uneasy about that, for I would soon settle matters to his and to his patient's satisfaction. I accordingly told the lady that I was glad to say that an operation would not be necessary, as we should be able to bring the tumour "to a head," and so disperse it. I accordingly ordered some resin cerate to be applied; and in a week the abscess had burst, and there was an end of the "tumour," to the great satisfaction of all concerned.

Two other of these varieties of abscess are of an acute and phlegmonous character. The first, that in the substance of the mammary gland; the second, that which forms behind the gland, in the cellular tissue lying between it and the pectoral muscle. These abscesses generally occur during lactation; and, by coupling the acute phlegmonous symptoms with the presence of lactation, there can be very little difficulty in distinguishing them.

The fourth form is that most frequently confounded with solid tumour. It is the chronic, cold, encysted abscess of the breast. This is a sort of abscess which forms deeply in the mammary gland, slowly, and without any acute symptoms—usually, indeed, without any local symptoms at all. It is hard, deeply seated, and tolerably well circumscribed. This encysted abscess of the breast has been especially described by Sir A. Cooper and by Velpeau. Both these eminent surgeons record cases of it which have been mistaken and operated on for cancer. A story has been told me by a gentleman who was present, of a surgeon now dead, but one of the most eminent of the many great surgeons that France has produced, who, after lecturing to his class just before operating on a case of tumour of the breast, and explaining, with that minuteness of detail and that lucidity of arrangement which the French surgeons possess in so a high a degree, the reasons why the tumour he was about to remove could by no possibility be any but a scirrhus, made his first incision, when a gush of pus took place, and the supposed scirrhus was resolved into an encysted abscess, deeply seated under the mammary gland. Now this accident happening as it did to one of the most eminent of his day, may occur to others of less professional experience; it has, to my knowledge, occurred six or eight times. But it may generally be avoided by attention to the history of the case, and especially to four points of diagnosis. These points, to which I would direct your special attention, are the following:—

1. Encysted abscess is invariably preceded by some uterine disturbance. You will find that the patient has lately been in the family way, and has either been delivered or has miscarried; or, if not pregnant, has suffered from some other uterine derangement — in most cases, however, of a parturient nature—a few weeks or months previously.

2. You generally find that the tumour, if an abscess, though hard and defined, is not distinctly circumscribed.

3. You almost invariably find—and this is a most important point—œdema of the subcutaneous cellular tissue, near the outer or under border of the gland.

4. There is also usually a spot on the surface of the tumour softer and more tender than the rest, possessing, perhaps, a certain degree of elasticity.

Now, by attention to these four points—namely, pre-existing or concomitant uterine derangement, hard but non-circumscribed character of the swelling, the œdema around or beyond, and the soft tender point—you can rarely go wrong in making your diagnosis. In illustration of this, I will mention a case which occurred here some time ago. A woman, thirty-six years of age, miscarried the sixth or eighth week of her pregnancy. Eight months after this, she applied to the hospital for relief for a tumour of the breast. On examination, I found a circumscribed painless swelling deeply seated in or under the mammary gland. There had been no pain or throbbing in it, and there was no redness over it. At the lower border, there was a spot which felt doubtfully elastic. I made an exploratory puncture into this, and let out about an ounce and a half of creamy pus. A tent was then introduced; and the induration of the walls, which were excessively thick, gradually disappeared, as the wound healed by granulation.

Besides these chronic abscesses of the breast itself, you may get another class of cases; that is, abscess in the neighbourhood of this organ, quite unconnected with the mammary gland. If there is any doubt in your minds, after examining such a case, always put in an exploring needle or trocar; its puncture can do no harm, and it will always clear up the true nature of a doubtful case.

In the next lecture, we shall proceed to the diagnosis of cystic and simple solid tumours of the breast, from cancer of that organ.—*British Med. Journ.*, March 31, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Poisons found in Alcoholic Spirits.—Much excitement has been produced in this country within the last few years by the assertion which has been made that strychnine and other poisonous substances are freely used for the adulteration of spirits distilled from grains. Dr. A. A. Hayes, State Assayer of Massachusetts, asserts (*Boston Med. and Surg. Journ.*, Sept. 27, 1860,) that a somewhat extended series of analytical observations on these spirits has convinced him that there is no good reason for such a statement.

"Cases," he remarks, "of sudden poisoning by the common spirits frequently occur, which are not necessarily referable to poisons of foreign origin. Some of the so-called *fusel oils*, produced in the fermentation of mixed grains, either sound or after they have become injured from exposure, act as powerful poisons, and in some states of depressed action of the human system, fatal effects would doubtless follow from the introduction of such oils into the stomach.

As a general statement, the spirits produced in this country to serve as beverages, are remarkable for their purity and freedom from any substances which careful rectification can remove. When, through age and suitable exposure, the oils contained in them have passed into ethereal bodies and thus ripened the spirits, they become equal, in soundness and purity, to any products imported from abroad, and far less deleterious than most of the so-called brandies of the present time.

There is, however, present in the newly-distilled, and, in most cases, in the older spirits, a source of danger, which, so far as I can learn, has been overlooked, or possibly attributed to criminal intention, which should be publicly known, and is of especial interest to the medical profession.

Newly-distilled spirits, of the most common kind, often contain *salts of copper, of lead, or tin*, derived from the condensers, in which the vapours are reduced to a fluid form. The quantity of copper salt contained in the bulk usually taken as a draught, is sufficient to produce the minor effects of metallic poisoning; the cumulative character of these poisons may even lead to fatal consequences. With a knowledge of the fact now stated, instead of resting on a supposition of the existence of an organic poison, in the spirits which have caused sickness, the physician may notice the symptoms of metallic poisoning, in persons addicted to the habit of consuming newly-distilled spirits, and interpose his aid in preventing the fatal termination of vicious indulgence.

Since I first demonstrated the fact of the frequent occurrence of these metallic salts in the more recently manufactured spirits, the investigation has taken a wider range, and the results have proved that as all spirits at one time were new, so with few exceptions—arising from peculiar rectifications—most spirits have been, or are, more or less contaminated by metallic compounds. Old, or more matured spirits have generally lost every particle of the salts once held in solution. Changes in the organic solvent have caused the deposition of the metallic compound, accompanied by the organic matter from obvious sources, and in such spirits the metallic oxide is always found—if it has been present—in the dark-coloured matter which has been deposited at the bottom of a cask at rest. This dark deposit has the appearance of, has been mistaken for, charcoal, detached from the charred staves of the casks in which the spirits have been stored.

Of this dark deposit every sample has, on examination, afforded abundance of copper, copper and tin, or copper and lead, even when taken from the finer qualities of foreign spirits.

Observations have been made on the nature of this change from a soluble to an insoluble state. Samples of new spirits have been kept in glass vessels until the whole metallic salt has fallen in dark flocks, leaving the clear fluid free from any metallic compound and perfectly pure.

It appears, therefore, that matured spirits lose their poisonous impregnation during the time necessary to adapt them for use as beverages, and that while the clear, transparent fluid contains no metallic impregnation, a turbid though ripened spirit may prove deleterious through its *suspended* metallic compounds.

In order to avoid the poisonous effects of these salts, perfectly well-ripened and clear spirits only should be used in the preparation of medicines, and when ordered as restoratives, no new or turbid alcoholic fluids should be allowed to enter the room of the patient or hospital. As a further elucidation of this subject, the following more strictly chemical remarks are offered.

The origin of these salts is connected with the production of acids, as well as alcohol, in the fermenting vats. When the wort is subjected to heat in the still, acetic, butyric and other acids rise with the vapour of alcohol, and pass into the condenser, now most commonly made of copper, with masses of solder containing lead. At the instant of condensation, these acids exert a power of corrosion on the metals quite unsuspected, and the salts formed dissolve in the spirit. Where condensers of pure tin are used, no copper salt is found, and a little tin salt takes its place.

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Improved Taste to Cod-Liver and Castor Oils.—Cod-liver or castor oil, shaken up with an equal volume of water distilled off the leaves of the wild cherry tree, in a manner similar to that directed in the Edinburgh or Dublin Pharmacopœia for cherry laurel water, and left to rest forty-eight hours before separation, acquires by this simple operation an extremely sweet perfume and agreeable taste of almonds; the taste remains as long as the digestion lasts. Oil flavoured in this way could be taken by many patients who reject it in its natural state. Castor oil is not affected in its purgative action by this process.—*Boston Med. and Surg. Journ.*, Sept. 27, from *Louisville Med. News.*

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Death resulting from Inhalation of Chloroform.—Dr. W. KRAUSE relates (*Cincinnati Lancet and Observer*, Oct. 1860) the following case of this:—

"On the 25th of last month I performed an operation for artificial pupil, on a farmer twenty-nine years of age, who had generally enjoyed good health. About a year ago he suffered from protracted intermittent fever. The disease of his eyes dated from this time. His constitution was scrofulous anæmic. Preparatory to the operation, chloroform was administered on a folded cloth, by an assistant sufficiently expert in its use. The patient, who had been enjoined to keep his stomach empty on the morning of the operation, inhaled the chloroform in the recumbent posture, from 11 to about 11½ o'clock. He took an ounce and a half of it without resistance, nor did he even manifest the usual ecstatic symptoms. I finally proceeded with the operation, after having three or four times desisted from it on account of the patient's restlessness whenever the lid-holders were applied. Previously, however, the removal of the chloroform was ordered from the patient's mouth and nose, as his breathing had begun to be stertorous. The operation—iridectomy—lasted about five minutes. The anterior chamber of the eye partly filled with blood, which I was about to let out, when I noticed a sudden paleness of the anterior ciliary vessels, which had become injected under the touch of the instruments. Then I found that the patient had ceased to respire, while the action of his heart, though weak, was still perceptible to the ear, regular, and about sixty beats in a minute. Ice-water, sprinkled into the patient's face, on his chest and epigastrium, had no effect. Rhythmical depression of the abdomen also failed to restore respiration. I therefore resorted to Marshall Hall's justly celebrated ready method, varying it only in this particular, that I performed semi-rotation alternately with both sides of the patient's body, in order to produce a completer and more uniform expulsion and aspiration of air. Windows and doors were opened, the patient's mouth and throat cleaned from a very tenacious mucus, which was not prone to discharge by its own gravity, and peripherical circulation promoted by rubbing of the extremities heartward, the occasional use of ice-water, and clapping of the skin. The function of the heart was sustained by these means nearly an hour. Respiration, however, which had occurred at first about once every minute a few times, gradually lessening the patient's livid complexion, became less frequent and more superficial, until it degenerated into mere pseudo-pnoic efforts. There was during the agony a twitching of the muscles about the mouth, and a drawing up of the patient's legs: then pulsation also stopped. We ceased our efforts at resuscitation one hour and a quarter after the first symptoms of apnœa had appeared.

"No post-mortem examination was made. The deceased had never complained of anything indicating disease of his thoracic organs. His size was over six feet; the configuration of his chest normal. During my short acquaintance with him his spirits were depressed, his temper torpid."

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American Medical Literature.—In the numbers of this journal for the past year we have several times called attention to the healthy growth which was taking place in our medical literature, and which we believed would secure to it a brilliant future. This growth has been since steadily going on, and our anticipations of the result have been fully realized. The works of Drs. Wood, Bartlett, Dalton, Gross, Condie, Flint, La Roche, Meigs, &c. &c., have been received not only with the greatest favour at home, but have obtained the highest commendations from the critical press of foreign countries. We have on previous occasions adverted to some of the favourable notices given of the works of the authors just named, and we would now call attention to the encomiums which have been bestowed on the more recent works of Dr. A. Stillé and Prof. Hamilton.

The *Edinburgh Medical Journal*, of September last, in a review of Dr. Stillé's *Therapeutics and Materia Medica*, thus speaks of it:—

"Rarely, indeed, have we had submitted to us a work on medicine so ponderous in its dimensions as that now before us, and yet so fascinating in its contents. It is, therefore, with a peculiar gratification that we recognize in Dr. Stillé the possession of many of those more distinguished qualifications which entitle him to approbation, and which justify him in coming before his medical brethren as an instructor. A comprehensive knowledge, tested by a sound and penetrating judgment, joined to a love of progress—which a discriminating spirit of inquiry has tempered so as to accept nothing new because it is new, and abandon nothing old because it is old, but which estimates either according to its relations to a just logic and experience—manifests itself everywhere, and gives to the guidance of the author all the assurance of safety which the difficulties of his subject can allow. In conclusion, we earnestly advise our readers to ascertain for themselves, by a study of Dr. Stillé's volumes, the great value and interest of the stores of knowledge they present. We have pleasure in referring rather to the ample treasury of undoubted truths, the real and assumed conquest of medicine, accumulated by Dr. Stillé in his pages; and commend the sum of his labours to the attention of our readers, as alike honourable to our science, and creditable to the zeal, the candour, and the judgment of him who has garnered the whole so carefully."

In the *Archives Générales de Médecine*, for June last, it is reviewed in equally favourable terms.

The reviewer observes:—

"If it were desirable to prove the rapid diffusion of medical knowledge, we could not point to a better example than this treatise on therapeutics. The author, who seems to have spent some time in France, is so familiar with all our doctrines, and even with all our opinions, that his erudition might well be envied by some of our own compatriots. He is no less at home with the investigations of English and German science, and he makes use of all these materials with a skill and discrimination which must give his work a classical position among the text-books prepared for American students. . . . Being under the necessity of criticizing it as though it were a French treatise on therapeutics, our highest expression of praise is to record our regret that it is not among the manuals used in our own schools. . . Notwithstanding these little criticisms, which are rather matters of praise in an elementary work, Dr. Stillé's book deserves to be classed among the best and most practical treatises on therapeutics."

Prof. Hamilton's *Treatise on Fractures and Dislocations* has been equally favourably noticed abroad. The London *Lancet* (May 5, 1860) pronounces it to be "a valuable contribution to the surgery of most important affections;" and adds, it "is the more welcome, inasmuch as at the present time we do not possess a single complete treatise on fractures and dislocations in the English language. It has remained for our American brother to produce a complete treatise upon the subject, and bring together in a convenient form those alterations and improvements that have been made from time to time in the treatment of these affections. One great and valuable feature in the work before us is the fact that it comprises all the improvements introduced into the practice of both English and American surgery, and though far from omitting mention of our continental neighbours, the author by no means encourages the notion—but too prevalent in some quarters—that nothing is good unless imported from France or Germany. The latter half of the work is devoted to the consideration of the various dislocations and their appropriate treatment, and its merit is fully equal to that of the preceding portion."

—

New Medical Department in Columbia College, New York. College of Physicians and Surgeons, N. Y. This last named Institution, which has hitherto been under the custodianship of the Regents of the University of New York, was last winter granted by the legislature a new and independent charter. Under this charter the medical faculty have associated themselves with Columbia College, and on Monday evening, Oct. 22d, this union was formally consummated. The College of Physicians and Surgeons will consequently hereafter constitute the Medical Department of Columbia College. The happiest results are anticipated from this union of these time honoured institutions.

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Long Island Medical College.—At the commencement of this new College, on the 24th July, the degree of M. D. was conferred on 20 of the candidates. The number of students in attendance during the session was 58.

OBITUARY RECORD.—Died, in Baltimore, Md., on the 29th of September, in the 55th year of his age, Chapin A. Harris, M. D., one of the editors of the *American Journal of Dental Science*, a very skilful dental surgeon, and the author of several valuable works on dental surgery. His death is a loss to science, to the profession, and to the community.

FOREIGN INTELLIGENCE.

Subnitrate of Bismuth in Gonorrhœa.—At a recent meeting of the Society of Practical Medicine, a report was read on the treatment of gonorrhœa by means of injections, containing in suspension the subnitrate of bismuth. The originator of this mode of dealing with urethral discharges is a M. Mourlon, who, from his position as a military surgeon, has had ample opportunities of testing the value of this drug in the above affection. M. Mourlon, it would appear, was led to investigate the effects of bismuth in gonorrhœa by the observation of its salutary influence upon the intestinal canal when attacked with mucous diarrhœa. The results of his first experiments were encouraging; they were persevered in, and with so much success, that this practitioner deemed it his duty to apprise the profession of this new application of a medicament already very favourably known in therapeutics. The following is the complete formula of treatment recommended by M. Mourlon: On the first day, a warm bath and a saline purgative; on the second, four warm hip-baths and two injections of the bismuth lotion (in the proportion of five drachms of the salt to seven ounces of water); on the following days, three injections to be used daily, with the general injunction that the fluid thrown into the urethral canal is there to be retained for ten minutes each time. The Society seemed to view the method proposed by M. Mourlon favourably, and the conclusions of the report were adopted.

The sub-nitrate of bismuth is very generally employed at the Charité for dusting burns, and I have heard M. Ronat especially speak in high terms of its efficacy in hastening cicatrization, and of its soothing effects on the scorched and vesicated surfaces.—*Lancet*, Sept. 15th, 1860.

Treatment of Leucorrhœa.—In leucorrhœa from chronic stasis of the uterus, without considerable textural changes and in the absence of syphilis, Dr. Pockels has for a long time past administered with great success secale cornutum and catechu, giving of each as much as will lie on the point of a knife three times a day—the catechu being as serviceable as the more expensive tannic acid. If there is anæmia, phosphate of iron is added, and alkalies when acidity of the stomach prevails. An increased secretion of mucus is at first produced, and this may have some blood mixed with it when chronic hyperæmia is present.—*Med. Times and Gaz.*, Sept. 15th, 1860, from *Varge's Zeitschrift.*

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Compression in the Treatment of Varix.—Prof. Botto, of Genoa, has of late treated varix with success by applying compression at two points along the course of the saphena vein—a procedure, he thinks, very preferable to puncturing or injecting the vein. At first he employed digital compression, but afterwards he substituted his present plan of making it. The patient first assumes the standing position for a long period, in order to induce as much distension of the varices as possible. Two pellets of charpie are then fixed firmly by means of two circular rollers over the saphena interna vein, the one above, and the other opposite the knee, in such a way as to comprise between them an interval of about sixteen centimetres. Some inflammatory action is at first produced, but this soon subsides, and in the course of a month the vein becomes obliterated, and reduced to the state of a hard, compact cord. The large varices between the knee and groin will have entirely disappeared; but to obtain a complete cure of those of the leg, and back of the foot, a new compression will have to be instituted at the lower third of the leg.—*Ibid.*, from *Rev. Méd.*, 1860.

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Affection of the Hip-Joint as a Consequence of Uterine Disease.—Dr. Hoppe calls attention to the fact that in the course of uterine disease, there may be well-marked hip-joint disease set up, as indicated by pain and tenderness in the region of the joint or the trochanter, and impeded movement, owing to the contraction of the adductors and flexors. Both sides may be affected, either simultaneously or in succession. It may exist only in a trifling degree, and when it prevails to a greater extent it may go on afterwards independently of the uterine affections. In moderate cases the affection of the hip-joint disappears with that of the uterus.—*Ibid.*, from *Berlin Med. Zeit.*

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Croup without Croupal Cough.—Dr. Gottschalk relates some cases to show that while, on the one hand, a cough precisely resembling that of croup, may be present in mere laryngitis, the characteristic cough may be entirely absent in true croup attended with fatal exudation.—*Ibid.*, from *Journ. für Kinderkrankheiten.*

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Report of a Committee appointed by the York Medical Society, to investigate the Question of the Disinfecting Powers of Heat.—The committee had endeavoured, by means of written inquiries, to obtain the best information on the following points:—1. As to what was already considered to be known and determined in relation to this question; 2. As to the extent to which a belief in the truth of the affirmative proposition had been entertained and acted on; and 3. What had been the practical conclusions arrived at in those cases in which the principle had been admittted into practical application?

The late Dr. Henry, of Manchester, at the solicitation of a merchant of that town, made a series of experiments with the view of devising some certain and effectual method of disinfecting cotton of the contagion of plague, without impairing the tenacity of the fibre, or rendering it in any way unfit for the purposes of manufacture.

That heat might possess disinfectant power, suggested itself to Dr. Henry from reflecting on the observations of Dr. Russell and other writers on the plague, that this disease appears to lose its contagious property during the prevalence of very high degrees of atmospherical temperature. Chemical reasoning also appeared to strengthen the probability that a temperature raised to no great extent would suffice for the decomposition of infectious matter, as being products of organic life, and consequently of a complex nature, and owing their existence to affinities which are nicely balanced and easily disturbed, and ready, under the influence of heat, to have their atomic arrangements modified, and their character and properties disturbed.

Dr. Henry ascertained: first, that cotton, silk, and wool, may be exposed for several hours to any temperature under 212° Fahr., without being in the slightest degree damaged; secondly, that vaccine lymph does not lose its characteristic properties by exposure to a temperature below 120° Fahr., but that it is rendered totally inert by exposure to a temperature of 140° Fahr.; and, thirdly, that four children, between the age of six and thirteen years, who were well ascertained not to have had scarlet fever, wore with impunity jackets worn during the height of the eruption by scarlet fever patients, and afterwards corked up in bottles, and exposed to a dry heat, varying from 200° to 206°, for a period varying from two to four hours. Dr. Henry likewise tried some experiments on his own person, with the infection of typhus fever, flannel waistcoats being similarly employed with negative results; but on these he did not lay much stress.

These experiments afford the chief ground, and the only scientific basis, of a belief in the disinfecting power of heat; and they derive great weight from the well known scientific accuracy of Dr. Henry as an observer and experimenter, and the philosophic caution by which he was distinguished.

After seeking and obtaining information from various sources, the Committee arrived at the following inferences and conclusions:—

1. The experiments of Dr. Henry, although insufficient for the purpose of scientific demonstration, afford strong presumptive evidence that heat, near the boiling temperature, does possess the property of destroying infection claimed for it by the discoverer.

2. Although no carefully conducted experiments on this subject appear to have been instituted since those of Dr. Henry, yet, so far as the inquiry has extended, wherever the principle has been acted on, the result has been satisfactory. The argument being in its nature cumulative, this theme gained additional force, since first propounded, though, from lack of observation, it has not made that progress which the friends of science and humanity might hope for.

3. Nothing has been added to the literature of the subject since the very able original papers were published; and the professional mind has shown too great indifference, and has not realized the great sanitary importance of the discovery.

4. The credit of the profession is involved, and it is incumbent on its members, who alone possess the means and opportunities of accumulating evidence, not to allow this question to continue in its present unsatisfactory condition, but to take measures for its practical solution.

5. The required proof and public confidence in its sufficiency, can only be attained by a widely extended trial of the power of heat as a disinfectant, under the recommendation and observation of the members of the medical profession.

6. It would tend greatly to insure the accomplishment of this object, if the Epidemiological Society could be induced to take up the inquiry, and recommend it to the consideration of its members. It would be for this—the York Medical—Society to consider whether it might not be desirable to report their proceedings to the President of that Society.

7. Measures should be taken to induce the members of the profession generally to give their attention to the subject, in order to insure a numerous and widely extended series of observations, conducted under the supervision of medical men, which may be made available as evidence.

8. As nothing would be so likely to facilitate every other measure which it might be considered desirable to adopt for the furtherance of this inquiry as the being able to recommend to the profession and the public some simple and inexpensive apparatus, it would therefore be desirable, as a first step, to appoint a committee to consider the best construction of an apparatus for conducting the process of disinfection by heat.—*British Med. Journal*, April 7, 1860.

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Woorara an Antidote to Strychnia.—Among the various subjects bearing on medicine, introduced to the notice of the Academy of Sciences on Monday, the 10th inst., one of the most interesting perhaps at the present moment is a detailed account given by Signor Vella, of Turin, of certain experiments undertaken by him in connection with the effects of woorara administered to animals after the ingestion of poisonous doses of strychnia. These researches, which seem to have been carefully and conscientiously prosecuted, go a long way to prove that these two drugs, strychnia and woorara, stand one to the other *almost* absolutely in the relative positions of poison and antidote. (The reserve implied by *almost* is necessary, as it will be seen that this neutralizing property possessed by the woorara can be relied on within certain limits only.) The author of the above communication informed the Academy that he was first led to administer woorara in the treatment of tetanus by the consideration of certain experiments by M. Claude Bernard, in which it was clearly established that the physiological effects of this poison on the animal economy were due to paralysis of the motor nerves. For several years past, therefore, Signor Vella has been occupied in investigating the question of the curability of tetanus by woorara. This special therapeutic action clinical observation certainly denies to this agent, and Signor Vella has of late given to his researches a somewhat different direction, and has undertaken ninety-seven fresh experiments, partly with a view to the possibility of rendering the ingestion of strychnia innocuous by subsequent injection into the blood of solutions containing woorara, partly with a view of ascertaining in what proportions and to what extent the two drugs administered *conjointly* could be taken without the poisonous effects of *either* being manifested. In the first class of investigations, then, the animals, generally dogs, were poisoned, or at least made to swallow a dose of strychnia known to be fatal to them under ordinary circumstances, and then small quantities of woorara were from time to time thrown into the jugular vein whenever tetanic symptoms showed themselves, until the toxical effects of the first agent were exhausted, and complete recovery of the animals took place. In the second category, the two poisons were mixed in certain determined proportions, and no effect whatever was produced, and the life of the animal was unaffected. A specimen of each suffices to illustrate Signor Vella's mode of proceeding. In a first experiment, the solution of two-fifths of a grain of hydrochlorate of strychnia in six drachms of distilled water was injected into the stomach of a middle-sized dog fasting, with the effect of producing at the expiration of a quarter of an hour violent tetanic convulsions. A solution of woorara was then thrown into the jugular vein; this produced a temporary cessation of the muscular spasm. When the convulsions returned, the injection was resumed, and continued at intervals until a dose of three-fifths of a grain of woorara, dissolved in half an ounce of water, had been taken into the circulation. The whole operation lasted three hours, and at its termination the dog was allowed to run about the laboratory, apparently quite well, and no return of the tetanic symptoms occurred subsequently. Three days were now allowed to elapse, and the same dose of strychnia was exhibited to the same animal, who was then left to his fate, and died sixteen minutes after its administration. In an experiment of the second class, into the jugular vein of a big dog is injected a mixture containing one thirty-third of a grain of strychnia, and a quarter of a grain of woorara, dissolved in fifteen minims of water, and the operation is followed by no bad result whatever; but on a subsequent injection of the same dose of strychnia, not guarded by woorara, the animal is killed in the space of ten minutes. It has been proved by Signor Piria, a chemist at Turin, that on the mixing together of these two agents no new chemical combination takes place, nor is appreciable alteration noted, the two drugs preserving their individualities indefinitely—a fact which renders their *modus operandi* in the process of mutual neutralization all the more obscure, the natural conclusion at first sight being that their harmlessness when mixed was owing to the formation of a new and insoluble salt. —*Lancet*, Sept. 29, 1860.

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Diabetes.—M. Schiff's experiments on the subject of diabetes seem to settle the heretofore debated question—how the sugar comes to accumulate in the blood. The two theories held on this subject were: 1. That the actual quantity of sugar formed was abnormally great, in consequence of increased activity of the liver in its formation; and, 2. That the quantity formed in the liver was not actually greater than normal, but that the ferment (an hypothetical agent) which caused its transformation in the blood was defective, and therefore the sugar accumulated. M. Schiff apparently decides the question. According to him the excess of sugar in the blood, as found in artificially produced diabetes, results from an excessive formation of sugar in the liver. M. Schiff found that diabetes could be produced by the induction of an hyperæmic condition of the liver—a simple mechanical hyperæmia! He found the same thing result on removal of the spleen, whereby the liver was congested.—*Med. Times and Gaz.*, Aug. 25, 1860.

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Foreign Bodies in the Bladder.—In a table drawn up by M. Civiale, in 1839, and containing a collection of 166 cases of the kind, we find the following articles removed from the bladder; 25 needles and pins, 1 bodkin, 2 ear-pickers, 6 fragments of bone, 5 teeth, 18 sounds or bougies, flexible and rigid, 12 pieces of wood, 6 needle-cases, 1 cork, 13 plant stems, ears of corn and straws, 9 pieces of lint, 6 pipe-stems, 3 glass tubes, various kinds of fruit, feathers, and hair, not to mention other matters accidentally introduced during operations, gunshot wounds, etc. Since that period, M. Civiale has extracted from this viscus, 19 sounds and bougies, a leather strap, two penholders, an artist's brush-handle, 2 pieces of bone, a piece of tendon, a lamp wick, a barometer tube, and a medal.—*Gaz. des Hôpitaux.*

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Natural Length of Life.—It is asserted that the average length of life in France before the revolution of 1793 was twenty-eight years, and that at the present time it is thirty-seven years. M. de Lapasse assures us that if we would only live reasonably, we should reach to an average of 150 to 200 years! This is what he calls the natural length of life. "The life of warm-blooded mammiferæ is subject to an invariable law; the duration of their existence appears to be equal to ten times the period of their growth. It is thus with the elephant, the ox, the cat, the dog, and the quadrumana. Two mammiferæ are the only exceptions—the horse and the man. And why? It is because they are slaves—the one of the dire condition of work, and the other of his passions and the necessities of his social condition." —*Med. Times and Gaz.*, Sept. 29, 1860.

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Cholera at Gibraltar.—The cholera which has for some time prevailed in Spain has passed the frontier and reached Gibraltar.

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The Adulteration of Food and Drink.—An act has been recently passed by the Parliament of Great Britain, and is now a law, to prevent the adulteration of articles of food or drink.

"By this act it is rendered illegal—

"1. To sell any article of food or drink with which, to the knowledge of the seller, any ingredient or material injurious to health has been mixed.

"2. To sell as pure or unadulterated any article of food or drink which is adulterated or not pure.

"The punishment for the first offence consists in the infliction of a fine not exceeding £5; while for subsequent offences it is rendered lawful for the justices to cause the offender's name, place of abode, and offence to be made public."

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Retirement of M. Ricord from the Hôpital du Midi.—The Parisian correspondent of the *Lancet* writes as follows:—

"The medical profession will hear with regret of the definite retirement of M. Ricord from the post of Surgeon to the Hôpital du Midi. Philip Ricord is a native of America, and was born at Baltimore, on the 10th of December, 1800. Owing to the regulation now in force, which excludes from the exercise of hospital functions those surgeons who shall have attained the age of sixty, the term of service of the talented surgeon would naturally have expired at the end of the present year. M. Ricord has, therefore, probably deemed it a more dignified course to resign prior to the completion of the full period. For nearly thirty years this celebrated Professor has occupied the Clinical Chair of the special branch of Surgery to which the Hôpital du Midi is exclusively devoted. The materials with which M. Ricord has built up his colossal reputation have, for the most part, been gleaned from the wards of this establishment. The admiration he has won, the friendships he has secured, the fortune he has accumulated, are all more or less consequences of his connection with this hospital. It was not likely, therefore, with such associations crowding on the memories of the speaker and of his audience, that M. Ricord should be able to take leave of the field in which he had toiled so cheerfully and so indefatigably for the space of an entire generation without a lively feeling of emotion and regret, touchingly expressed by himself, and as warmly sympathized in by his hearers. The scene of last Thursday, M. Ricord's farewell to his hospital career, was a complete ovation. For more than two hours a numerous audience of friends, pupils, and admirers listened with deep interest and veneration to a most pathetic parting address. The speech of the talented surgeon embraced a masterly sketch of the many and valuable contributions—the fruits of a long life of well-directed industry—with which his labours have enriched the treasury of medical science. If any man at any moment of his life might be pardoned the indulgence of a little self-glorification, surely M. Ricord, on Thursday afternoon, was entitled to such a privilege. On this occasion, however, the modest and unassuming manner in which he alludes to his immense services charmed and delighted his hearers by its delicacy of feeling; and the deafening acclamations which succeeded his valedictory discourse bore ample testimony to the warm sympathy he enjoys amongst his professional brethren.

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Poisonous Millinery.—Erdmann and Ziureck have frightened the ladies of Leipsic and Berlin with the discovery that some green tarlatans were coloured with arseniate of copper. The colour was merely fixed on with starch paste, so that the least friction sufficed to remove it. Erdmann also speaks of a colouring matter known as cochineal red, which contains a good deal of arsenic in the form of arseniate of alumina. At Berlin Herr Ziureck was officially appointed to investigate the matter, and he found a good many specimens of green tarlatans which were coloured with the arsenical preparation applied superficially as described by Erdmann. Certainly the air of a ball-room in which many of such dresses were rubbed together would become rather strongly charged with poisonous matter.—*Med. Times and Gaz.*, Sept. 8, 1860, from *Chemical News.*

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Men and Apes.—An anecdote of the discussion at the British Association, on Mr. Darwin's book, is current. The two most prominent speakers on either side were the Bishop of Oxford and Mr. Huxley. "If I may be allowed to inquire," said the Bishop of Oxford, "would you rather have had an ape for your grandfather or grandmother?" "I would rather have had apes on both sides for my ancestors," replied the naturalist, "than human beings so warped by prejudice that they were afraid to behold the sun."—*Lancet*, Aug. 25, 1860.

John Hunter.—The Council of the Royal College of Surgeons have caused a beautiful memorial tablet to be placed over the site of the grave of Hunter, whose remains now rest in Westminster Abbey, with the following inscription: "Beneath are deposited the remains of John Hunter. Born at Long Calderwood, Lanarkshire, N. B., on the 13th February 1728; died in London on the 16th October, 1793. His remains were removed from the church of St. Martin's-in-the-Fields to this Abbey on the 28th March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine power and wisdom at work in the laws of organic life, and their grateful veneration for his services to mankind as the founder of scientific surgery." This inscription is deeply cut in brass, of a Gothic design, inlaid in a slab of polished red granite. Mr. Weekes is intrusted with the model of the statue, which is to be of marble, and to be placed in the Hunterian Museum.—*Ed. Med. Journ.*, Oct. 1860.

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Lord Byron's Foot.—Models of the feet of Lord Byron have been this week deposited in the Museum of the Nottingham Naturalists' Society. They are described as about nine inches long, narrow, high at the instep, and generally of symmetrical shape. In an accompanying affirmation, it is stated that the deformed foot (the left) was not, as has been generally stated, a "nub" foot, but that it was formed symmetrically as the other, being, however, exactly an inch and a half shorter. The ankle was weak, and the foot turned outwards. To remedy this it states that Lord Byron wore a very thin boot, tightly laced, under his stocking; and in early life employed an iron, with a joint at the ankle, passing down the outside of the leg, and fastened to the sole of the shoe. The muscles of the calf were atrophied.

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Obituary Record.—Died, in London, Aug. 11th, 1860, of progressive muscular atrophy, Theophilus Thompson, F. R. S., physician to the Hospital for Consumption at Brompton, in the 53d year of his age. Dr. T. was a zealous, active, and very successful cultivator of our science, and by his death the profession and society at large have sustained a loss which will not be soon or easily repaired.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Amputation of Useless Limbs.—On the 12th of September we were present at Guy's Hospital when two useless lower limbs were removed by amputation, with the probability of ultimately permitting the patients to go about on artificial appliances. They had been cripples for years, and had undergone much inconvenience and suffering. The first of these was a female, twenty-two years of age, whose general health was extremely delicate, and whose expression indicated fatigue and anxiety. She had been admitted for deformity of the left leg, which had now become so inconvenient and troublesome that she was most anxious to get rid of it. When a child, she had an anchylosed hip-joint; the knee also became diseased, and ended in osseous anchylosis. The whole of the cartilages were destroyed, the leg being bent at an angle backwards. No part of the leg had grown, it was considerably shorter than its fellow, and she could not put the foot to the ground. The muscles also were very much atrophied, giving an extremely emaciated appearance to the limb. Added to all these was ulceration of the foot, which had resisted all attempts at healing. The only means, therefore, that could be adopted, was removal of the limb about the centre of the thigh, so as to permit the wearing of a wooden leg. This measure was carried out, by means of lateral flaps, by Mr. Cock, the patient having been narcotized by chloroform. Very little blood was lost; but on cutting through the structures, only slight traces of muscular substance were observed, from the arrest of development consequent on disuse and disease. It is expected that she will be able

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to walk about with some comfort, when her health is sufficiently restored, and the stump healed so as to permit the wearing of the artificial leg.

The other patient, a young man, aged twenty-three years, had had a paralytic and deformed leg since he was nine months old; it hung quite useless, and dangled about like a flail. He always walked with a crutch; and the limb generally, as in the other patient, was wasted and shrivelled from disuse and arrest of development. The foot and ankle also were deformed into one of the varieties of talipes. Mr. Bryant performed amputation below the knee-joint by means of lateral skin flaps, but cutting through the muscles in a circular manner; and very little blood was lost, as in the preceding instance. The knee will form a pad to rest upon an artificial leg.—*Lancet*, Oct. 27.

A Poisoned Hand.—The effects of the absorption of some poisonous agent upon the subcutaneous and deep areolar structures of the hand were witnessed recently in an elderly woman, aged fifty-nine, at Guy's Hospital, who underwent amputation of the forearm by Mr. Cock on the 11th of September. The patient was by occupation a monthly nurse. About two months ago she was washing some soiled linen, and, as she states, poisoned her right hand; for after her work was done the member began to swell, and became generally inflamed, This continued for several days, with severe pain, and proceeded to ulceration of the cartilages of the carpus. With this state of things was associated œdema of the entire hand, wrist, and fingers, simulating to a certain extent elephantiasis. Such a hand as this was entirely useless, and it was thought best to remove it some inches above the wrist, which was done under chloroform. An examination made afterwards showed all the structures to be thoroughly disorganized. The patient is going on favourably, and will have a good stump.

As commonly observed, poisoned wounds are the result of stings of insects or the bites of serpents or rabid animals, and dissection wounds come under the same category. It is possible that the poison in the case just narrated may have been similar in its nature to the specific virus from a dead body.—*Lancet*, Oct. 27.

Air in the Pericardium.—The fact is known to pathologists, that in certain rare instances air is found in the pericardium, and it is stated by some writers that it is commonly conjoined with sero-purulent effusion. In a case of vaccination, followed by death, at St. George's Hospital, under Mr. Cæsar Hawkins' care, at the post-mortem examination there was discovered a large quantity of air in the pericardium, but no effusion of fluid. This circumstance invests the case with some amount of interest, for it shows that the secretion of the air occurred independently of the decomposition of any liquid body, which is considered ordinarily to be the cause of its presence. Sometimes, in rare examples, the presence of air has been detected in the pericardium during life, by an unusually clear resonance at the lower part of the sternum, or by a sound of fluctuation produced by the beats of the heart, or again by deep inspirations. This strongly confirms the idea, that the generation of the gas, whatever it may be, is by no means the result of post-mortem changes. It is not at all improbable, that when the pericardium has been found almost dry, this result is owing to the influence of the secreted air upon the membrane, aided very likely by a deficiency in the natural secretion of serum, which permits of the lubrication of the part in health.—*Lancet*, Oct. 27.

LECTURE.

Clinical Remarks upon a Case of Diabetes. Delivered at Charing-Cross Hospital. By W. HUGHES WILLSHIRE, M.D., of Edin., Assistant Physician to, and Lecturer upon Medicine at, the Hospital:—

GENTLEMEN: There is a female patient, named P. E——, in the Clinical Ward, to whom I am desirous of directing your attention. I have already incidentally referred to her, but as her case is one of much interest, and as she has now been some time in the hospital, and we may possibly soon lose her, I wish to enter into some details about her whilst she yet remains with us.

This patient is twenty-nine years of age, married, and has one child. She was admitted into the hospital as far back as the 12th of May. She then told us—or at least my clinical clerk, Mr. Belcher, who took the case down—that a few months after having had ague, in 1857, she began to be troubled by intense thirst, and by being very frequently obliged to micturate. The amount of both thirst and urine had been increasing ever since. In March, 1858, she first noticed her eyesight to become affected; there was a dazzling, afterwards a kind of mist or smoke seemed to pervade everything, and the power of vision gradually went away, leaving her blind in both eyes. The catamenia had stopped eight months back, and had not reappeared. Latterly her skin had become dry, and inclined to scale off in the winter. During the previous summer, however, she sometimes perspired freely. Her appetite for the last six months had become ravenous. She had suffered from thirst ever since she had ague in 1857, but of late her desire for drink had much increased. She has long been obliged to rise several times during the night to pass urine. The bowels are usually very costive, being occasionally confined for a week together; but sometimes she is liable to a slight attack of diarrhœa. She is very emaciated, but has a rather florid colour, and seems happy and resigned in mind. She has not any cough, and does not look phthisical. She entered the hospital to have her eyesight remedied by Mr. Hancock.

Soon after her admission, my colleague kindly referred the medical department of her troubles to my clinical service. It was not a difficult matter to arrive at the nature of the sufferings of thankful and happy-minded P. E——. You have heard that she was very hungry, very thirsty, and very thin; that her skin was dry and scurfy; her bowels confined, and that she passed a very considerable quantity of urine. We found her so weak that she was forced to lie in bed, yet hinting that she could *eat* a little more if more was offered to her. We smelt her breath, and noticed that it had a very marked sweet-apple or chloroform-like odour, though not such a strong one as had another diabetic patient of mine up stairs, the approach to whose bed was something like going near an unstoppered bottle of chloroform. There is no exaggeration in this statement; some of the last session's students will bear me out in what I say, as they were witnesses to the fact.

Now these were general and vital signs, all pointing to the presence of sugar in the patient's urine. Well, then, we examined her urine. We found it voided in quantity between eleven and twelve pints in the day. It was of a very pale straw colour, sweetishly faint in odour, clear, and having a specific gravity of fully 1040. Upon applying the tests of Trommer, Moore, and using the solution of Barreswill, we found the presence of sugar abundantly demonstrated. Some of you will recollect that we afterwards put some yeast to the urine, and so availed ourselves of the fermentation test. This test we also had recourse to again only the other day. It was clear, then, that this woman had glucosuria, and was passing a considerable amount of solid matter in the urine during the twenty-four hours. We examined her lungs, but could not detect that she had that common accompaniment of diabetes—viz., phthisis. But if she was not consumptive, she was *blind*. Mind, this is a point of great interest in this case. She was blind, I say; she had *cataract*, and cataract of both eyes. Before, however, I touch further upon this matter, let me tell you what we did for the diabetes. I ordered her a grain of quinine and a grain of opium three times in the day, an occasional warm bath, and purgatives when necessary. All vegetable matters, except coarse brown bread with the bran in it, and which is made, I may remark, purposely for us by one of our governors (Mr. Robb, in St. Martin's lane), were prohibited. A rigorous embargo was laid against sugar, but *four* meat diets, with extra milk and eggs, were allowed her to make up for these denials. Soon after this plan of treatment was put into force, the patient began to improve; she got much stronger, the quantity of urine lessened, and the gravity of it became often much lower. She ceased to rise to micturate in the night, the bowels became more manageable, and the thirst much less intense. Sufficient for me to say, she now passes (Oct. 15, 1860) four pints and a half of urine during the day, the specific gravity of it being from 1038 to 1040. This quantity, with an occasional lower degree of gravity, has been the rule for some months past. Once the quantity went down to three pints, and had a gravity of 1026, but sugar was well contained it. Then both quantity and gravity rose again, and do what I may, I cannot get it less than four pints, with a gravity of 1038, for any length of time. The only addition to her treatment up to quite recently has been, that the opium and the quinine were each increased to two grains three times in the day. Once for a few days the patient felt so well, that she could not refrain from eating some potatoes.

The urine rose in quantity and gravity, and she had a slight attack of diarrhœa. But she has undoubtedly gained flesh since she has been under the treatment I have mentioned.

Now to revert to her blindness. You hear the patient had cataract of both eyes, for the relief of which she had sought Mr. Hancock's skilful assistance. Let me now inform you that an American physiologist, Dr. S. Weir Mitchell, published in January of the present year a memoir showing that cataract could be produced in frogs by introducing sugar into their system; and his further experiments proved that a peculiar form of cataract was a pretty constant attendant upon "sugar poisoning." This paper coming across the notice of a gentleman whose genius for physiology is only equalled by his acuteness and persevering energy—namely, Dr. B. W. Richardson—served at once as a hint to him for undertaking what he has called the "synthesis of cataract." From March last up to the present time, I believe, he has been more or less occupied in its investigation. He first began by introducing syrup of cane sugar into the living system of fishes and frogs, and, as a rule, it may be said that "sugar-poisoning" and opacity of the lenses were produced. Dr. Richardson then experimented with grape-sugar and with syrup-of-milk sugar, and the like results followed. He then passed on to mannite, and the effects were the same; but in his next experiments with liquorice there was a want of agreement. A grand point now with Dr. Richardson was to be enabled to introduce true diabetic sugar into the living organism. I am glad to think that my colleague, Mr. Hancock, and myself were enabled to place our patient, Phœbe E——, at Dr. Richardson's disposal for this purpose. We had the pleasure, some of you will recollect, of seeing Dr. Richardson at this hospital during the early part of the summer. He obtained from us several pints of the patient's urine, with which, to use his own expression, he "made numerous interesting experiments;" some of these, I may add, were performed at Bedford on June 15th, before the members of the South Midland Branch of the British Medical Association. As a rule, again, symptoms of "sugar-poisoning" were produced, and the cataractous condition was "markedly brought out." Other series of experiments have also been continued by him, but for further information about this gentleman's inquiries I must refer you to his papers now publishing in Dr. Brown-Séquard's *Journal de la Physiologie* (No. 12).

Attention was now directed to the chronicles of *pathology*, to discover if they gave any support to this physiologic view of a causal connection between diabetes and cataract. The most concise *résumé* of what is to be obtained in this field you will find in the last volume of Guy's Hospital Reports (Third Series, vol. vi., p. 266), in a paper by Mr. J. F. France. He there tells us that he himself drew attention to "diabetic cataract" in January, 1859, in the Ophthalmic Hospital Reports, but that Dr. Mackenzie, of Glasgow, had alluded to it in 1854. More recently Messrs. Duncan, Wilde, Walton, Veasey, Sloane, Newman, and Barton have instanced cases bearing upon the point. These you will find specifically alluded to in Mr. France's paper. I have referred to Schauenburg's "Ophthalmiatrik" (p. 114); there I find it stated that diabetes is very often followed by soft cataract, and Unger's name is brought forward in support of the assertion. In the *Lancet* of April 28, 1860 (p. 424), there is a note to the effect that Graefe had stated, in the *Deutsche Klinik*, that diabetes was very frequently the cause of cataract. It is right to mention, also, that Dr. Richardson admits both Dr. Mitchell and himself have been forestalled by Kunde, who some years ago travelled far in the same direction—the synthesis of cataract (*Journal de la Physiologie*, p. 450). With regard to "diabetic cataract," Mr. France generalizes thus: the cataractous condition is symmetrically developed upon both sides; the lenses increase very largely in their antero-posterior diameter; the cataracts are of soft consistence; the ocular affection comes on only after the diabetic state has existed for some time, and there has not in any case been reason to suspect further disease of the eyeball (*op. cit.*)

With regard to our patient, I may remark that Mr. Hancock first operated upon her on June 9th; and he informs me that the cataracts were double and of soft consistency, and that he did not observe that the lenses were larger in any direction than usual. He likewise says that absorption did not by any means proceed so rapidly after the operation as it usually does. The operation performed was that called "breaking up." Mr. Hancock again "broke up" the lenses upon October 8th, and he tells us that although the lens in either eye is not as yet absorbed, the patient is beginning to see very satisfactorily, particularly with the left eye; so that the result of the operations may be considered favourable. Soon after the last operation was performed some inflammation of the left eye occurred, followed by a slight adhesion of the iris. Mr. Hancock and myself had some talk together about suspending the quinine and opium, and giving a little mercury. Although not without some misgivings regarding the possible effects upon the diabetic condition, the last mentioned drug was had recourse to, and certainly with benefit to the visual organs I have been very anxious about the urine, therefore, and have several times examined it. To-day we made some inquiries, you will remember, about this excretion in the wards. The specific gravity of the urine we found to be 1040; the quantity rather more than four pints; and the presence of sugar was indicated by the various tests we employed. The patient told me to-day that she felt weak, and was obliged to rise during the night to pass urine. When I inquired if she had an appetite for her four meat diets, she smiled, and said, "Oh dear, yes!" as if it was a very easy matter for her to dispose of our commissariat allowance. As I intend, with my colleague's permission and assistance, to inquire into the state of the urinary secretion of his cataractous patients at our neighbouring ophthalmic hospital, it is probable you may hear something more from me upon this matter.—*Lancet*, Oct. 27, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Glass Wound of Palm of Hand.—Dr. H. J. BIGELOW communicated to the Suffolk District Medical Society (Oct. 27, 1860) the case of a young man who had slightly pricked the palm of his hand with a piece of glass. "There was much bleeding at the time, but the wound healed by the first intention; afterwards, the back of the hand became swollen, as if pus were forming. The hand was poulticed, and he returned in a few days, having had hemorrhage from the wound; the palm was more swollen, soft and fluctuating. Dr. B. felt that he had to deal with a false aneurism. The patient was sent to the hospital, the palm opened, and considerable coagulum turned out, but the bleeding vessel could not be found. One or two superficial vessels were tied, and compression tried, which controlled the bleeding for three days, and then there was free hemorrhage, with oozing from the wound, for four days more, when he tied the brachial. But this did not stop the hemorrhage. On cutting deeper, he found a second brachial, which was also ligatured, which stopped pulsation in the ulnar, and yet the bleeding did not cease. On further search he found still a third artery, which he ligatured also, and thus succeeded in stopping the bleeding. In this case, the radial, ulnar and interosseous branched high up.—*Boston Med. and Surg. Journ.*, Nov. 8, 1860.

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Orchitis treated by Incision into the Tunica Albuginea Testis. — Dr. A. G. WILSON reports (*American Medical Times*) three cases of orchitis successfully treated in the Brooklyn City Hospital, by Prof. Hutchinson, by incision, a method first proposed by J. L. Petit, and revived and practised by M. Vidal in more than 400 cases with success. In the three cases reported the excessive pain was at once relieved. The incision through the tunica albuginea must be made with great care to avoid wounding the seminiferous tubes which might lead to the establishment of a seminal fistula.

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College of Physicians and Surgeons, New York.—THOMAS M. MARKOE, M. D., has been appointed Adjunct Professor of Surgery.

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Medical Department of the University of the Pacific.—We learn, from the October number of the *San Francisco Medical Press*, that the number of students during the first session of this school was *eleven*, and during the second *fifteen*. At the close of the first session two were graduated, and at the close of the second one. The regular course of lectures commence on the first Monday of November.

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Professor Hodge on Diseases Peculiar to Women.—We have just received a very handsome octavo volume of over 450 pages, from the pen of Dr. Hodge, the eminent

Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, embodying the results of the extensive experience and mature reflections of the author on the diseases peculiar to women. It is quite sufficient to announce the publication of this work to secure for it the early and attentive consideration of the profession. It is only necessary to add that the volume is beautifully illustrated by drawings from preparations in the author's museum, with figures of the various instruments employed by him, diagrams of the various displacements of the uterus, &c.

FOREIGN INTELLIGENCE.

Ethereal Instillations into the Ear for the Cure of Deafness.—The excellent report read by M. **Ménière**, Physician to the Deaf and Dumb Asylum in Paris, at a late meeting of the Academy, has completely set at rest the question of the efficacy or inefficiency of ethereal instillations into the ear for the cure of surdo-mutity. M. Ménière availed himself of the advantages afforded by his position at the Asylum, and instituted a series of experiments with a view to the solution of what, strange to say, was, and is still in many minds, an undecided question, and came to the conclusion that sulphuric ether exerts *no action whatever* upon the auditory senses of those congenitally deaf and dumb. M. Ménière might have been entitled to carry his condemnation still further, but said that, in his character of scientific experimentalist he was bound scrupulously to respect the limits he had himself imposed upon his researches.

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Cause of Epilepsy.—At the last meeting of the Academy of Sciences, M. **Demeaux** sent in a paper, the subject of which is most important, not only in its physiological, but also in its hygienic bearings. "From a certain number of facts which I have collected," says M. Demeaux, "I am convinced that intoxication on the part of the male at the moment of conception becomes one of the frequent cases of epilepsy in the offspring. Out of thirty-six cases of epilepsy in my practice, I have been enabled to ascertain from the confessions of the mother that in five the fecundating process had been performed whilst the father was in a state of inebriety, and my assertions are based wholly upon the declarations of the female parents." M. Demeaux traced also to a like source two cases of congenital paraplegia and a case of idiocy. Surely such facts as these should be investigated in London, where habits of intemperance amongst the lower classes are so common, and where the conditions above dwelt upon must be frequently fulfilled.—*Lancet*, Oct. 27.

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Tapeworm.—Dr. **Cobbold** read before the Middlesex Hospital Medical Society, October 15, a paper on tapeworm, its prevention and treatment. The very interesting observations of recent naturalists upon the development of tapeworm, and their relationship to the cystic entozoa were pointed out, and illustrated by diagrams and specimens. The author then remarked, that to harbor parasitic beings appears to be an almost universal and normal condition of existence. He had himself dissected upwards of six hundred animals belonging to the different vertebrate classes, and had in almost every instance found some form of internal parasite, often many different species, and innumerable individuals inhabiting the same creature. Upwards of twenty species of entozoa are known to infest the human body; of these, four belong to the Tæniadæ or Tapeworm family, viz., Tænia solium, T. mediocanulata, T. nana, and Bothriocephalus latus. The means of prevention are to avoid the introduction of the creature in its undeveloped, or cystic condition into the system. In this state it has received the name of Cysticercus Cellulosæ, and exists frequently in the muscular tissue of the pig, producing what is commonly known as "measly pork," and which, if eaten in an imperfectly cooked state, will infallibly give rise to tapeworm. The treatment recommended was half a drachm of æthereal oil of male fern, mixed with an ounce of honey, half to be taken at night fasting, the other half the next morning, followed in two hours by a brisk purgative.—*Med. Times and Gaz.*, Oct. 27, 1860.

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Peroxide of Hydrogen.—Dr. **Richardson** brought before the Medical Society of London the subject of the physiological and remedial properties of the peroxide of hydrogen. This remarkable substance was discovered in 1818 by Thénard, and although it has always attracted great attention in the chemical world, has been introduced into nearly every discussion on "ozone," and was many years ago put forward by the Society of Sciences of Haarlem as the subject of a medical prize, it has been left to our countryman to lead the way to the study of the subject in its physiological and therapeutical aspects. Dr. Richardson has been employed in this research for twelve months, and his observations in relation to the nature of the body in question, its formation for therapeutical uses, and its effects on animals, are singularly interesting. For instance, he showed by experiment that the oxidizing power of the solution of peroxide is suspended by the presence of all narcotics; thus establishing the great law advanced by Snow, that narcotism is suspended oxidation, and that every substance, which on being introduced into animals produces narcotization, has the property, either by a negative influence, or by catalysis, of preventing the union of oxygen with other substances with which it is in contact, and for which it has an affinity. Again, it was shown that some animal structures, to say nothing of certain inorganic bodies, on being brought into contact with the peroxide in solution, liberate the oxygen. Fibrin has this property, and carbonic acid. A fish placed in the solution evolved the oxygen with considerable action. Physiologically, the peroxide, on addition to venous blood, gives to the blood the arterial character; it stimulates the left side of the heart to contraction, but seems to stop the action of the right side. Injected into the arteries, it restores, for a time, a condition of muscle during which contraction occurs on the application of an excitant. It also suspends cadaveric rigidity, and further, it prevents the spasms of muscle caused by such bodies as ammonia and hydrocyanic acid. Therapeutically, peroxide of hydrogen offers itself in all cases marked by deficient oxidation. In low fevers; as an antidote to various poisons; in tetanus; in diabetes, and in cancer. It is given compatibly with all the mineral acids; and the doses of a solution charged with ten volumes of the peroxide is from one increasing to four fluidrachms, in distilled water; externally, it forms a deodorizing lotion. Dr. Richardson took pains in his paper to explain the exact mode of making the solution; but we feel that the process as yet is too complicated for general introduction into the dispensary. To bring the substance into general use, some practical pharmaceutical chemist must take it in hand. We are informed, indeed, that Bullock and Reynolds are already preparing the peroxide solution, and as several practitioners are only waiting for the proposed remedy to test its effects, we may expect soon to see its virtues fully brought out in the treatment of disease. It is just to say that the introducer of the remedy specially guarded himself from offering any extreme views; he claimed simply that a substance possessing such singular properties, physiologically, should be used rationally as a medicine in extreme cases for which we now have, virtually, no means at command. This is a fair mode of putting the matter, and if the peroxide prove essential in the cure of but one disease, the physiologists may at last rebut the charge that their science does nothing for treatment, and that in the midst of their learning they are obliged to leave remedies to the empiric and the wheel of fortune. We shall watch the result with anxiety.—*Med. Times and Gaz.*, Oct. 20, 1860.

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Blindness and Lunacy.—An interesting paper was lately read at the Academy of Medicine of Paris, by Dr. Bouisson, on a curious case of blindness and lunacy in the same individual, in which the cure of the former infirmity had brought on the cure of the latter. A year ago a man aged about fifty, a native of the department of the Gard, was brought to the hospital. His eyes, upon examination, were found to be both affected with cataract, and his incoherent answers to the questions addressed to him sufficiently revealed his state of mind. An operation being resolved upon, Dr. Bouisson ordered the patient to be anæsthetized; to be secured with a strait-jacket—a precaution which was continued after the operation had been performed. On the tenth day the patient, who until then had not had the slightest idea of what had been done, was allowed to see the light. A stupid smile gleamed on his face for an instant, and he exclaimed, "I can see!" These were the first coherent words he had uttered since his arrival at the hospital. He was now daily subjected to those trials which were requisite to ascertain the complete success of the operation. With his recognition of the objects around him his mental faculties seemed also gradually to revive. First, he named the things he wanted and stretched out his hands for them; then he began to appreciate distances and dimensions correctly; his memory returned next with considerable rapidity, and in the course of a few days intellectual spontaneousness began to manifest itself. He asked for more food, wanted to get up from his bed, and desired to be allowed to go home, which boon, however, was refused. His ideas soon became clearer, his speech more intelligible, and his recollections of the time when he could see, before he was attacked with cataract, became brighter. Vain endeavors, nevertheless, were made to ascertain the period when he lost his reason; all he could state was that he had been blind three years. After a stay of six weeks at the hospital he returned home an altered man, enjoying both his eyesight and intellectual faculties.—*Med. Times and Gaz.*, Oct. 27, 1860.

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Ophthalmological Aeronautism. — The latest specimen of this is the following:—

At a recent meeting of the Academy of Sciences, a communication was read by M. Tavignot with reference to the application of the galvanic cautery to the removal of cataract. The electrical part of the apparatus used for the purpose is a battery known here as the "pile grenet." It is provided with a pedal for breaking or making the current, and has the additional advantage of being portable. The handles of the conductors are made so as to admit of a cataract-needle being fitted on to each; a handle is held in either hand, and the cornea punctured in two opposite points of its circumference, the needles being carried on until they meet on the surface of the anterior capsule. By the action of the pedal, the contiguous extremities of the needles are brought to a white heat; the capsule is destroyed, and by a little manipulation, the needle-points being retained in contact, the whole of the opaque lens can be broken up and placed, *according to M. Tavignot*, in the most favourable condition possible for absorption. One would have imagined that the very process used for breaking up the lens—namely, that of charring or calcining part of its component elements—would have left in the eye a material less capable of absorption than the uncooked crystalline substance; but it is maintained that such is not the case.

Imperial Asylum at Vincennes for Convalescent Workman.—The *Moniteur Universal* of the 9th of July contains an interesting account of the convalescent hospital, established by the Emperor of the French, in the neighbourhood of Paris, from which we extract the following particulars:—

The Asylum of Vincennes was founded by a decree of the 8th March, 1855, for the temporary reception, during their convalescence, of workmen who had received injuries or contracted diseases. The building having been finished, and the internal arrangements completed, the inauguration of the Imperial Asylum took place on the 31st of August, 1857. It has now been in operation for nearly three years.

Nearly forty acres of forest, belonging to the domains of the Crown, were consecrated to the Asylum, which is built upon an elevated terrace, freely exposed to the air from all quarters. Since the opening of the institution, up to the end of June 1860 (comprehending a period of two years and ten months), the number of convalescents admitted has amounted to 14,000. These convalescents belong to the following categories: 1st. Convalescents sent from the hospitals of Paris and the suburbs; 2d. Convalescents sent by the local charitable institutions of the city (*Bureaux de Bienfaisance*); 3. Convalescents from injuries received in the public works; 4th. Members of societies of workmen established for their mutual assistance; 5th. Workmen belonging to establishments, the directors of which have obtained from the Minister of the Interior authorization to send, on payment of a subscription, their convalescents to the Asylum, such as the railroads, gasworks, and some large private establishments; 6th. Workmen who have been treated at their own homes, and who have received from their medical attendant a certificate of convalescence.

It is by the express orders of the Emperor that the Asylum is now open, without distinction, to every convalescent workman. There are at present 411 beds.

Two elegant vehicles are attached to the institution, and bear the imperial arms. One of these is of the same size as an ordinary omnibus, the other is somewhat smaller. Every day one or other of these vehicles, according to the number requiring removal, goes to the various hospitals to pick up the convalescents, and even goes to the residences of those who have been treated at their own homes. The same vehicles convey the inmates back to Paris when they leave the Asylum. The first time that the large omnibus stopped in front of the Hôtel-Dieu a crowd of spectators speedily assembled; people asked one another what could be the meaning of this elegant vehicle with the imperial arms in such a locality; but when the spectators saw the poor convalescents, weakened by disease, come out of the hospital and get into the omnibus, and when it was known that they were about to be conveyed to the Imperial Asylum, they broke out into hearty applause. How, in fact, could they help being affected on seeing the paternal cares of the Emperor lavished indiscriminately on all the workmen, on all the laborious classes?

The mean term of residence in the Asylum is 22 days. Thanks to the hygienic resources of the institution, the period of convalescence from fevers is comparatively short. The principle of the Asylum is, that every convalescent shall remain in the Asylum until he is completely restored to health, or until his disease has been recognized as incurable.

Diet of the Institution.—The diet is regulated by the director, and by the superintending medical officer of the establishment Care has been taken to fix the hours of the different meals, in conformity with the usual habits of the working classes. At half-past seven in the morning the inmates get a bowl of soup. Breakfast is at half-past ten, and consists of stewed meat and vegetables. Five o'clock is the dinner hour: this meal consists of soup, roast meat, and vegetables. Each convalescent receives daily about a pint of wine, and as much bread of the first quality as he desires. On the average, each inmate consumes daily about a pound and a half of bread. If necessary, a special dietary is prescribed in particular cases. The sum allotted for the food of each inmate is tenpence-halfpenny a day, not comprehending the general expenses of the establishment.

If the convalescents desire it, and if their strength permits, they are employed in various capacities about the establishment, under the direction of the gardener, the smith, the carpenter, etc. In this case, they receive a small sum of money and half a pint of wine in addition to the regular allowance. Those of the inmates who do not work have various amusements provided for them, such as bowls, skittles, dominoes, etc.; cards are prohibited.

The library is open daily, and contains 4000 volumes, and illustrated newspapers. Most of the volumes have been presented by the booksellers of Paris. In general, about 50 readers may be found in the library at a time; on one occasion 96 were counted.

The conduct of all in the Asylum is exemplary. They submit without a word to the rules of the institution, are courteous to one another, take care of the furniture of the establishment and of the flowers in the garden, and keep their dormitories in a state of perfect cleanliness. Although not required, the majority of the inmates attend chapel on Sunday.

The staff of the establishment consists of a director, a treasurer, a medical superintendent, with three resident pupils; six Sisters of the Order of the Ladies of St. Augustine of Belgium; a secretary and five clerks; a storekeeper; four overseers; and at least forty persons in subordinate positions, such as cooks, grooms, gardeners, etc.

An infirmary is connected with the Asylum. During the year 1858, 1859, nearly 1100 patients, presenting various affections more or less severe, have been under treatment; during this time only 30 deaths occurred.

The anticipated expenses for the present year are between fourteen and fifteen thousand pounds.—*Ed. Med. Journ.*, Sept. 1860.

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A Colony consumed by Fever.—The news has recently reached England of the outbreak of a fierce epidemic of yellow fever on the African coast. Suddenly exploding with terrible intensity amongst a small community of Europeans, it has swept the settlement in which it appeared with the besom of desolation, destroying the whole colony. Of all the Europeans, not one had escaped the disease: only one had escaped death. The surgeons, who remained at their post, were all devoted to death. The *Army and Navy Gazette* furnishes the painful details of the ravages which this disease has thus committed at M'Carthy Island, River Gambia. Amongst the deaths which have to be deplored are those of Staff Assistant Surgeon Thomas Clayton Beale, who was attacked on the

19th of July, and died on the 21st; Staff Assistant Surgeon Trestrail, who was taken ill on the 2d of August, and expired on the 7th; Staff Assistant Surgeon Charles D. Campbell, who was seized on the 17th of August, and who sank under the effects of the scourge on the 25th. The only European remaining alive on the island up to the last accounts, which came down to the 19th September, was Captain Frazer, who had also suffered from a severe attack, but was convalescent. The remittent fever, which is usually so prevalent in the island, had been observable; but no cause can be assigned for the outbreak of the pestilence which had assumed so malignant a form.—*Lancet*, November 3, 1860.

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Poverty in Relation to Disease.—Prof. Easton read before the National Association for the Promotion of Social Science, at its recent meeting in Glasgow, a paper on this subject. He commenced by submitting as a postulate, that whatever depresses the vital force is either itself a direct cause of disease, or makes us more susceptible of disease and less able to withstand its attacks Diseases of a special nature may arise amongst those not actually poor, but long deprived of any one essential element of food. In 1847 and 1858 many cases of scurvy were admitted into hospital amongst navvies stationed in unfrequented localities, and supplied on the ticket system with a diet (bread, ham, and coffee) which did not include "a shilling's worth of vegetables in a year." This was a matter calling for direct interference, as it admitted of direct remedy. Poverty was associated with uncleanliness, and this was an unquestionable source of disease. Then with regard to want of light, of space, and of fresh air; in the poorer districts of Glasgow the average space per individual was 90.5 cubic feet; in the British Army at home it is 1000 cubic feet, and for prisoners 800 cubic feet. Hence the pestilence which constantly broods over the wynds of Glasgow. Active local feeling has been stirred; and it may be hoped that vigorous legislation and careful humanity will introduce a better era.—*Lancet*, Oct. 13, 1860.

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THE

MEDICAL NEWS.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Excision of the Elbow-Joint.—On Wednesday, October 17, Mr. ERICHSEN resected the elbow joint of a boy, aged 11, at University College Hospital. The lad had suffered from the disease for five years and was failing in health. There were no sinuses; but the joint was generally swollen, and there was no fluctuation to the radial side. Mr. Erichsen, in his remarks in the theatre previous to the operation, stated that he did not expect to find the disease involving the whole of the joint. He should, however, remove the ends of all the bones entering into its formation, as it was found that otherwise it was difficult to get proper union, and even if union were obtained, it was usually by bony anchylosis instead of by fibrous tissue. The operation was performed by the single longitudinal incision, as practised by Professor Langenbeck. It was to be preferred, Mr. Erichsen remarked, to the T or H incision, as the wound made was not so extensive, and it did not result in a cicatrix across the joint. The removed joint was found much disorganized. The cartilage on the inner surface of the olecranon was destroyed and replaced by a red fibro-plastic material. The surface of the greater sigmoid notch was almost destitute of cartilage.

In some subsequent clinical remarks Mr. Erichsen remarked that in extensive disease of the elbow there were three courses open to the surgeon. He might attempt to cure the disease by rest and attention to the general health, and thus get anchylosis. Amputation might also be resorted to, but this was now quite discarded in cases both of injury and disease, and the third course,

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excision, was the operative procedure generally resorted to. This latter operation was one which seldom ended fatally, except by death from pyæmia, and such other causes as are common to all operations, and did not apply to this more than to any other. Mr. Erichsen stated that he had known death follow in one or two instances in which the operation was performed when the disease was in an acute stage. The ultimate result obtained was generally very satisfactory, all the motions of the joint being preserved—pronation, supination, flexion, and extension. In reference to operation in a case in which, as in the present, there were no sinuses leading to the diseased joint, he stated that as a rule it was better not to operate. In this case the swelling was limited, had existed for a long time, and was always tender; and again the laxity of the joint pointed to implication of the ligaments, and rendered the diagnosis of extensive disease more certain. In reference to the after-treatment, he thought it better not to put the limb on a splint with the joint flexed, but at first nearly straight, and after two or three days to place it at a right angle, betwixt pronation and supination.—*Med. Times and Gaz.*, Nov. 3, 1860.

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Reduction of a Dislocation at the Hip by Manipulation, after pulleys had failed.—The practice of reducing dislocations of the femur at the hip by manipulation, instead of pulleys, is now generally adopted in our hospitals. Not a few cases in which this method has been found most easy and effectual, have occurred at the London Hospital during the last year or two. In one, the man had sustained a fracture of his leg on the same side, as well as the dislocation at the hip, and it was therefore especially desirable to avoid having recourse to violent traction. The leg having been first put up in splints, the thigh was bent and tilted outwards in the usual manner, and reduction was at once effected. A case occurred the other day at Guy's Hospital, which demonstrated the superiority of this method, inasmuch as pulleys had previously been tried without success. It also showed that the knowledge that this is the easiest method, is not as yet so widely diffused in the profession as it is desirable that it should be. The subject of the dislocation was a man, aged 38. He had fallen in wrestling, and his left femur had been displaced upon the dorsum ilii. Extension by means of pulleys had been tried without success before his admission into the hospital. Mr. Bryant, under whose care the man came, had him placed under the influence of chloroform, and at once succeeded by the manipulation method in reducing the dislocation. Very little force was found requisite.—*Med. Times and Gaz.*, Nov. 10, 1860.

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Chronic Mammary Abscess; Successful Treatment by Strapping, &c.—Chronic mammary abscess, or, as it is sometimes called, encysted abscess of the breast, is a disease of considerable interest, inasmuch as it is in itself a tedious and often painful affection, and, closely simulating other more serious diseases of the same part, has many times been mistaken for tumour of the breast. A good illustrative case is now under the care of Mr. Coulson, in St. Mary's Hospital:—

S. T——, aged twenty, single, a female servant, the history of whose affection dates back two years and a half. As is usually the case with chronic abscess at this site, its origin was unconnected with any acute lacteal inflammation, but arose without any distinct cause; it was attributed by the patient to cold. The first attack was aborted by prompt treatment. The nipple has remained retracted, and the breast subject to occasional attacks of painful swelling. A month ago, it had been unusually inflamed and painful, and presented typical features of the disorder.

The classical authority in surgery says that "the cure of these encysted abscesses of the breast may be most conveniently effected by making a puncture into them, and then passing a seton across them in a perpendicular direction; the inflammation thus excited in the tumour will speedily lead to its being softened down, and eventually disappearing." The treatment which Mr. Coulson adopted in this case, and which he commonly employs with success, was of a milder character. Scott's ointment was applied to the breast on lint; strips of plaster, of an inch and a half in breadth, were then placed tightly around this dressing, and the whole carefully bandaged. Four days subsequently, Mr. Coulson caused the dressing to be removed and renewed. The improvement in the case was very marked, and the disease is fast progressing to a cure.—*Lancet*, Nov. 24, 1860.

Spontaneous Pelvic Abscess.—It is seldom indeed that an abscess presents itself in either the pelvis or the abdomen without some assignable cause. When occurring in the former, it is usually from the effects of parturition; and sometimes an abscess may arise in some part of the abdomen or pelvis as the result of vertebral disease. At the present time there is a female, aged fifty-five years, in Mary ward at St. Bartholomew's Hospital, who was admitted on the 21st of September, under Dr. FARRE's care, with pain in the right flank, which had been present for about ten months, and for which she could assign no cause. Her last child was born eighteen years ago, and she had a miscarriage ten years since; the catamenia have ceased for some years. She resides in the City-road, and has been in the habit of lifting a heavy pail, and now and then has felt a "rick in her side." There was no appreciable swelling on admission, but there was pain, with rigors and quick pulse. The bowels were always regular. Fluctuation was perceptible, and in a few days an abscess pointed in three places; it was opened above Poupart's ligament, and three cupfuls of matter were let out. This was followed by considerable relief, and when we last saw her she was improving under the use of good diet, wine, and quinine, and her pulse was 120. It seems most probable that the suppuration commenced in the pelvis, whatever the true cause of it may have been, but there is no evidence to prove that it arose from injury; nor from the cæcum, because there was no induration around that part of the alimentary canal, and the bowels have always been regular.—*Lancet*, Nov. 24, 1860.

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Removal of a Fibro-Plastic Tumour from the Parotid Region.—An interesting case of tumour in the region of the parotid gland was submitted to the operation of removal at St. George's Hospital, on the 8th inst., by Mr. PRESCOTT HEWITT. The history is that of non-malignancy. The patient is a healthy-looking woman, twenty-four years of age, a lady's maid, who has had a tumour in the left side of the neck, extending under and behind the angle and ramus of the jaw in the parotid space, for a period of twenty years. She never suffered any inconvenience from it, but it caused some deformity. About six months back she consulted a surgeon about it, who prescribed a mixture of bark and iodide of potassium, which she took whilst travelling in Scotland with her mistress. At the same time she thought she might loosen the growth to expedite absorption, and every day worked away at it. This manipulation had the effect of increasing the vitality of the tumour, and in a very short time it was fully one-third larger than it had been for so many years. On her return to town she became a patient in St. George's Hospital, and the morbid growth was removed under chloroform. For the purpose of avoiding vessels and nerves, Mr. Hewett made a vertical incision rather at the back of the tumour, and then another posteriorly at right angles, giving the whole a T-shape; this enabled him to get behind it, and after a little cautious dissection the mass readily turned out, and resembled a potato in its form and smoothness. A branch of the facial nerve, which covered the tumour, was carefully detached and held on one side by Mr. Pollock with a hook; no nerve therefore was wounded, nor even any small vessels—a circumstance somewhat unusual in operations in this situation. On section, the nature of the tumour was found to be fibro-plastic, with a few cartilaginous masses imbedded in it, thus forming a conglomeration of the enchondromatous and fibro-plastic. The parotid gland in the present instance was normal; a part of it overlapped the tumour, and was dissected away from it. We are glad to say that the patient is doing well, and will probably make a good recovery.—*Lancet*, Nov. 24, 1860.

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Tumour of the Palm of the Hand simulating a Ganglion.—The situation of ganglia is usually on the back of the wrist or on the dorsum of the foot; that is to say, the simple ganglia which lie upon the sheaths of tendons. The compound ganglia, however, are chiefly met with in the palm of the hand, and the dorsum, sole, or inner side of the foot. They constitute a dilatation of the sheath of the tendons, and vary in size and shape according to the number of tendons implicated. Of the various parts of the palm of the hand in which they do occur, they are very rarely found situated upon the base of the middle finger; we, however, lately observed a tumour in that situation which strongly simulated a ganglion. A young man, a clerk by occupation, presented himself before Mr. Erichsen, at University College Hospital, with a globular, semi-elastic tumour of his left hand, at the base of the middle finger, which had the ordinary characters of a ganglion—so much so, indeed, that it was believed to be one. It was punctured, and nothing but blood came away. Some months later he again applied at the hospital, and stated that it proved such a source of discomfort to him that he would undergo any measure to get rid of it. Chloroform was therefore given on the 3d of October, and an incision having been made across the tumour longitudinally, it was carefully dissected out. It lay upon but did not involve the flexor tendon of the middle finger, and on making a section of it, it proved to be a cyst, with a part of its wall much thickened, and containing sanguineo-serous fluid. Mr. Erichsen pronounced it not to be a ganglion, but strongly resembling one. The size of the tumour was that of a small chestnut. The man has been doing well since the operation. The case is of interest as proving the difficulty experienced sometimes in making out the true nature of these tumours when growing in the localities usually occupied by ganglia.—*Lancet*, Nov. 3, 1860.

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Evil Effects resulting from the Use of the Ecraseur for the Removal of Hæmorrhoids.—M. Nelaton drew attention, some time since, to the occasional occurrence of traumatic stricture of the rectum as a consequence of the use of the écraseur. In a clinical lecture last spring he noticed this drawback to the use of M. Chassaignac's favourite instrument, and said that many of the patients who had been operated on had had reason to regret the exchange of a bearable complaint for a veritable torment. M. Chassaignac, who is not the man to abandon a cause he has once declared a good one, at once set about a modification of his original plan, and now, instead of including the whole mass of the hæmorrhoidal tumour within the loop of his instrument, and removing it as if it were a polypoid growth, he contents himself with the excision of the crown of the tumour, trusting to the subsequent inflammation and cicatricial contraction to effect the rest of the process of obliteration requisite for the accomplishment of the cure. This new method, however, does not give the patient the benefit of one of the great advantages attached to the use of the écraseur under ordinary circumstances—namely, the perfect immunity from hemorrhage, as proved by the occurrence at the Hôpital Laribossière of a death from the above cause after an operation for the extirpation of piles, although, as very justly observes one of the leading journals here, the *Journal of Practical Medicine and Surgery*, it has yet to be proved whether in the statistical reports of such operations, either by écraseur or other method, fatal terminations be not occasionally observed also. M. Chassaignac's error has hitherto undoubtedly consisted in too generous an excision of healthy tissue—a proceeding which has been followed by the formation of a large and progressively contracting cicatrix. The alarm has now been pretty widely given in France at least, and operators will for the future be more economical in their dealings with the mucous membrane of the rectum. If M. Chassaignac possess any imitators in England, it will be well for them to take a timely warning.—*Lancet*, Nov. 10, 1860.

LECTURE.

Clinical Lecture on a Case of Phthisis Pulmonalis, in which Amputation of the Foot had been performed. Delivered at Grosvenor-place School of Medicine, Nov. 3, 1860. By Dr. Richardson.—In bringing this case before the class, Dr. Richardson remarked: You are aware, gentlemen, that during this year we intend to meet every Saturday morning, to conduct a demonstration of disease, either from the living subject, or from some post-mortem specimen derived from a case with the history of which we are familiar. I shall sometimes perform this duty, while at other times it will, I hope, be undertaken by one or other of my colleagues. I shall never come before you with the mere notes of a case ready prepared, simply to read them out; but I shall on every occasion, when we have a patient, take from the patient, as far as he can give it, the history of his case at the time he is before you. You shall hear his own account, and, as we follow out the diagnosis, you shall take down in a note-book, specially retained for this purpose, deliberately and carefully, every fact exactly as I record it in my own journal. Now, the patient before us on the present occasion is a young man, twenty-one years old. He tells us that he is a lever-escapement maker, and has been much confined at his business in-doors—a very important point always to elicit, this one of occupation.

He has been ill four years; and we learn from him that his father died from an accident, that his mother is living and well, and that there is no special hereditary taint in his family. His habits have been temperate; his face, you will observe, is expressive of debility, and his body is deficient in flesh.

On the 21st of November, 1856, having been previously in good health, he was seized with giddiness, while sitting at his work, and fell off his stool insensible. He remained ill with brain symptoms for fourteen days, but eventually recovered. He took cold a fortnight afterwards, and then commenced to suffer from cough. From this time for twelve months he suffered from hacking-cough, which did not keep him from work, but was attended with night perspirations and loss of flesh.

On the 24th of July, 1857, he got a sprain in the left ankle, and the joint afterwards took to swelling, very slowly, with great pain and hardness. This rendered him more restless and anxious even than the cough.

On October 16, 1857, he was admitted into St. Bartholomew's Hospital, under Mr. Lawrence; he remained there nine months, during six of which he was in bed. Within one week after his entrance into the hospital hæmoptysis came on and continued at intervals for a month, after which it subsided.

The foot was first treated by leeching, afterwards by poultices, which were continued for six weeks, and then a point having appeared anteriorly, an incision was made, but nothing followed.

Internally he had a mixture for his cough, and cod-liver oil, with good diet.

On three different occasions amputation of the foot was contemplated, but each time the operation was deferred owing to existing disease in the lungs.

He was discharged at the end of nine months uncured.

The patient then passed under the treatment of a homœopathic practitioner, who put the foot in a heavy iron-splint (which weighed six pounds) with an adjusting screw; by means of the screw attempts were made every fourteen days at extension.

The joint, during this time, was more enlarged than ever, and presented four open wounds. The main treatment consisted in endeavouring to put the foot straight, the toes being directed somewhat downwards. A liniment was also used for the foot.

He was subjected to these measures for twelve months, during which time he grew worse, the cough increased, there was more expectoration, the night-sweats were much aggravated, and for many nights he lay entirely sleepless from pain in the joint.

On November 25, 1859, he was admitted to the Royal Infirmary for Diseases of the Chest, under my care; the cough was then very severe; there were evidences of tubercle in both lungs, and the tubercular crepitation in the apex of the left lung was large and moist. The left ankle was entirely disorganized; on the anterior surface were four deep and wide sinuses, which communicated with the articulation.

The heavy boot was withdrawn; as much exercise out of doors as possible was ordered; cod-liver oil and one grain of quinine were given three times a day; and five grains of gallic acid with one-third of a grain of morphia every night—with full diet.

He continued under this treatment until February 1, 1860, the lung disease not becoming materially worse, but the anxiety from the pain in the foot, together with the discharge, were increased.

On the 2d of February, 1860, Mr. Wm. Adams saw the case in consultation, and on the 16th he removed the diseased foot by Pirogoff's operation at the Great Northern Hospital. The operation was performed under chloroform.

At the end of the first fortnight the wound was nearly closed, but there was a little discharge at the side for six months.

Immediately on the removal of the foot the chest symptoms, and all the signs of debility, began to improve, and on June 18th an examination of the chest showed dulness on percussion on the left side in the apex of the left lung; but an entire absence of crepitation from both lungs, and of all the acute signs of phthisis. At this date the patient had resumed his old employment and continued at it until the latter end of September. He could walk on the stump and do a good day's work.

At the latter end of September he again began to cough, and on the 18th of October he spat a little blood.

November 3.—At the present time the condition of the patient is as follows: The stump is entirely healed, and presents a perfect cushion, he can bear his own weight upon it without any difficulty or pain; he sleeps well, but perspires at night; there is some emaciation; the conformation of the chest is good, but there is deficiency of respiration on the left side; there is marked dulness on percussion on the left side in the subclavicular region, and also over the lower part of right lung anteriorly; there is further dulness, not so marked, on both sides of the chest posteriorly; on auscultation, there is increased vocal resonance on the left side in the subclavicular region, with deficient respiratory murmur, while lower down, towards the nipple, there is small dry crepitation. There is the same kind of crepitation in the lower anterior portion of the right lung.

The patient is again taking cod-liver oil, quinine, and the opiate gallic acid pill. Such are the facts—you will now each one examine the patient for yourselves, as you have seen me examine him.

Observations.—After the examination of the patient by the class, Dr. Richardson continued—Now the great practical interest of the case turns on the question of the influence of the operation that has been performed on the progress of the symptoms. It is quite clear that in this instance the removal of the diseased foot has not only arrested the course of the phthisical affection, but has produced virtually a cure. Was it, then, right in every case so complicated, to remove the offending part? The common view is against operation in such cases; the theory being that the discharge from a diseased structure, such as this man presented in his foot, acts as a derivative, and prevents the progress of the more fatal disease in the lungs. So distinguished a surgeon and authority as Mr. Lawrence, than whom there is no one more practically learned, hesitated, and at length refused to operate in the case in hand. Nevertheless, after two years' further suffering and exhaustion, the operation has been performed successfully, and this is the third example which I have seen of a similar kind.

I am bound to say, therefore, with great deference, that experience is not altogether against an operation in such examples; for, in the case under discussion, the man would have been dead long since but for the operation. There are two classes of cases in which tubercle may be connected with disease of the joints; in the one class the patient presents evidence of hereditary scrofulous and phthisical taint, and the local manifestations of disease are conjoint indications of constitutional disorder. Whether in this class an operation is really advisable it is difficult to say. But there is a second class, of which the patient whose history has been adduced is a type, in which the development of phthisis occurs purely from confinement in an impure air, and where the disease of a joint is the result of an injury. Here there is no common or constitutional cause for the two disorders; and here, whenever such diagnosis can be determined, the removal of the diseased limb should obviously be the first point of practice, and specially so if it is clear that the limb itself cannot be saved, and if its presence is the cause of constantly exhausting discharge and pain.

There is another point of practice to be observed. In many cases of death from chloroform the patients have been found after death presenting tubercle of the lungs. This, consequently, caused an anxiety to the operators in the case narrated, but the chloroform was administered without the occurrence of irregularity of the pulse, or other bad sign, and the recovery was rapid after the narcotic was withdrawn.

Finally, as regards the present recurrence of tuberculosis in the subject of this lecture, it is to be traced to the same cause as in the preceding attack, namely, to long-continued exposure to an impure air in an occupation for which no active muscular exercise is demanded. If this patient can get the means to live in the fresh air, he will recover; and, indeed, during a short respite from his business, he has already begun to show decisive signs of convalescence.—*Med. Times and Gaz.*, Nov. 24, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Silver Sutures in Surgery.—Dr. T. C. Moffatt, Physician in chief of the Seaman's Retreat, gives (*American Med. Times*, Dec. 15, 1860,) a very favourable report of the use of silver sutures. He states that "in the use of the suture, for the introduction of which we are indebted to our talented and accomplished friend, Dr. Sims, I have had considerable experience. For three years past I have used nothing else in operations of every kind where sutures have been required. In all amputations, from that of the thigh to the fingers, I have almost invariably employed the silver suture alone. Its advantages are manifold and palpable; indeed, I can heartily subscribe to all that an enthusiastic friend has said of them, so far as my experience will warrant me in saying anything at all. My custom is, in large amputations, to put in so many of them as perfectly to coaptate the flaps, and to leave them in as long as they subserve any useful purpose. They may be allowed to remain for an indefinite period without the risk of exciting undue inflammation or even irritation. I have often left them in until after the stump had healed entirely, without occasioning inconvenience of any kind. They always hold the parts in more perfect apposition than silk can do, for the reason that they do not appear to cause any suppuration at all.

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Chlorodyne. By Dr. Edward Squibb, of Brooklyn. — This most extraordinary humbug does not deserve a moment's serious consideration; and were it not for the circumstance that physicians occasionally resort to it by name, or by its being misrepresented, and without a due knowledge of its heterogeneous composition and quackish character, it could be little else than waste of time and space to allude to it. It claims English origin, or rather to have been *invented* in the English East India service; and in order to secure for it the magical power of mystery and large names, its composition was concealed, or indefinitely stated as a combination of perchloric acid and a new alkaloid. Then it was stated to have been *analyzed* by a Dr. Ogden; and the latter is represented as having given the formula by which it is prepared. As it never could have been either invented or analyzed, it is not improbable that its whole story and career are fictitious. It mainly consists of chloroform and muriate of morphia, but contains besides, perchloric acid, oil of peppermint, hydrocyanic acid, tincture of capsicum, molasses, and tincture of cannabis. Such a villanous mixture could never by any possibility have been *invented*, though it may have resulted from some uncommon degree of empirical ignorance and stupidity; and such a mixture, once made, would have defied the skill and knowledge of any analyst whatever, chemical or logical. And yet an analysis is said to have been made, and the proportions are given in drachms, drops, and grains. Then of its properties. It is said to be twice as heavy as water, which, from its composition, is impossible. It is said to be sedative, diaphoretic, astringent, antispasmodic, diuretic, etc., and to improve the pulse in all imaginable respects, including that of *increasing* it by *decreasing* the frequency of the beats; and finally, the sum of its impossibilities accomplished, has the accustomed climax of such cases, namely, that it cures consumption in about the usual proportion of cases, namely, eight out of twelve, and all of the usual undoubted diagnosis and gravity. That any mixture not absolutely antagonistic in its elements, containing two-thirds of its weight of chloroform, and eight grains of muriate of morphia, in nine drachms, beside hydrocyanic acid and Indian hemp, should be sedative in effect, is not surprising; and the molasses, capsicum, and peppermint are so many additional shot to be fired into the bushes; but the perchloric acid is a novelty. Hitherto regarded chiefly as a chemical curiosity, it now makes its appearance in the materia medica under circumstances most unfavourable for obtaining any definite character or classification. In the small quantity in which it enters the company of these powerful narcotics, its chance of effecting anything more than the peppermint and molasses is remarkably small. The whole thing is, in effect, an absurd sarcasm upon the appetite for novelty and complexity, which appetite, in a portion of the medical profession, is industriously catered to by the crowd of nostrum — or rather money — makers, who are so easily found in the ranks of all sciences and professions.—*American Medical Times*, Dec. 8, 1860.

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St. Joseph's Hospital.—The new building of this highly useful charity will probably be completed and open for patients during the present month, and in view of this event the medical staff of the institution has been enlarged. It now consists of Drs. A. Stillé, Wm. V. Keating, Wm. Keller, and S. W. Mitchell, as physicians; Drs. W. B. Page, J. B. McClellan, J. Brinton, and S. D. Gross, as surgeons; Drs. J. D. Bryant and A. C. Bournonville, obstetricians.

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Asylum for Idiots.—In our foreign department will be found a very interesting account of the celebrated institution for the instruction of idiots at Abendberg; and we will take this occasion to call attention to an ably conducted institution for the same purpose at Media, about twenty miles from Philadelphia, under the supervision of a very zealous and conscientious physician, Dr. Parrish.

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Letheon Patent.—We see it stated in the journals that that modest individual, Dr. Morton, of Boston, applied recently to the Commissioner of Patents for the extension of the patent granted to him, conjointly with Dr. C. Jackson, for the use of sulphuric ether for the production of anæsthesia. Dr. Jackson having protested against this extension, the application has been refused; the Commissioner deciding that where a patent has been originally granted to two joint discoverers, they must unite in an application for its extension.

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Profits of Quack Advertisements in Newspapers.—The New York Tribune states that it is to receive over $31,000 for one year's insertion of a quack advertisement in its daily, semi-weekly, and weekly issues. It states that this will prove a profitable investment to the advertiser, in which case this enormous sum of money will, of course, be drawn from the readers of that paper, and be paid back to the quack for his worthless preparation. The universal panacea now put forward is called the "Cephalic Pills." We hope the profession will, as far as possible, prevent this "Enterprising Business Man," as he is styled, from realizing the contemplated profits from his investment.—*American Medical Times*, Dec. 16, 1869.

FOREIGN INTELLIGENCE.

Woorara in Epilepsy.—M. THIERCELIN, struck by the counteraction of artificially produced convulsions by woorara, has been led to administer the drug in the treatment of several convulsive diseases, more especially epilepsy, and with most marked effect. Particulars of two cases of epilepsy, which had resisted a variety of previous treatment, were laid before the members of the Academy of Sciences at their last sitting. One of the subjects treated by woorara was a young man, aged twenty-three. In him the disease was hereditary and congenital. The patient had passed four years at Charenton, and was accounted incurable. The number of attacks during the month amounted to twenty, whereof the greater part was most severe. The second case was that of a girl of seventeen, a sufferer from epilepsy for eight years past, and during the last twelvemonth subject to daily fits. Under the influence of the woorara treatment (the drug being applied daily in doses varying from half a grain to a grain to the suppurating surface of a blister), the attacks diminished in frequency, so considerably that in the first case they fell in number from twenty to five per month, and in the second from twenty-nine or thirty to eight. Not only did the frequency of the fits decrease, but a striking general improvement occurred in the health of both patients, and a marked diminution of the nervous irritability always accompanying epilepsy was also noticed. Unfortunately, the treatment could only be persisted in for eight weeks, as the stock of woorara ran short; nevertheless, the results obtained were decidedly of a nature to encourage other practitioners in following in the footsteps of M. Thiercelin.—*Lancet*, Dec. 1, 1860.

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Effects of Alcohol, Carbonic Acid, and the Various Anæsthetics on the Nervous System of Animals.—M. Lallemand communicated, recently, to the Academy of Sciences a series of experiments undertaken by MM. PERRIN and DUROY to elucidate this question. Three ounces of alcohol mixed with an equal quantity of water were given in three equal doses, at a quarter of an hour's interval, to a large-sized dog. After the lapse of an hour the animal was in a complete state of intoxication, the muscular system being relaxed, the skin and conjunctivæ perfectly insensible to the touch, the pulse 120, and the respiration 22 per minute. The posterior arches of the last three dorsal vertebræ were now removed, and the spinal marrow laid bare for about two inches of its length. It was then found that the anterior and posterior columns of the cord, and the anterior and posterior roots of the spinal cord, could be pricked, seized with forceps, and pinched or pulled, without eliciting any symptom of sensibility or muscular convulsion. The paralysis of the spinal nervous system was found to be complete. The animal was then let alone for four hours, and at the expiration of that period, the alcoholic lethargy having considerably subsided, the same excitatory manipulations were resumed, and the cord was found to have regained its normal susceptibility, as proved by the appearance of the physiological manipulations usually attendant upon the employment of local stimulation. In order to ascertain the physiological effects of carbonic acid, the following experiment was performed: The same process of vivisection having been accomplished—namely, the removal of the arches of the last three dorsal vertebræ—the animal was made to inhale a mixture of carbonic acid gas and watery vapour, and at the end of ten minutes became quite motionless and senseless, the arterial blood having assumed a dark venous hue. It was then found that the posterior columns of the cord and the posterior roots of the spinal nerves could be pricked, pulled, or pinched, without the production of any sign of sensibility on the part of the animal; but that if, on the other hand, an anterior root were pricked, or the anterior column of the cord stimulated, convulsive movements were produced in the dog's hind quarters. Moreover, that if the sciatic nerve were bared by incision and irritated, the muscles to which it is distributed were immediately thrown into a state of spasmodic contraction. In other experiments oxide of carbon was substituted for carbônic acid with the same results. The deductions drawn by these physiologists from their recent course of investigation tend to establish the fact that alcohol, chloroform, and their "kindred spirits," act primarily on the nervous centres by *their actual presence within the nerve-substance;* whereas the carbonic gases act primarily on the blood only, by the conversion of the arterial into venous blood; the difference of their modes of action being that in the first case the anæsthesia is direct and primitive, and due to the immediate action of the toxical agent on the nerve-matter; in the second, it is indirect and consecutive, depending on the action of the modified blood upon the nervous centres.—*Lancet*, Nov. 10, 1860.

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A Visit to Graefrath. By Edwin Lee, M.D.

[We copy the following account of a German charlatan who has achieved considerable notoriety as an *oculist*, and who seems to be the Priessnitz of that department of surgery. He appears to possess the usual amount of shrewdness of persons of his craft, since he attracts to his village many English patients who leave the ablest practitioners at home to be smeared by his ointments and nostrums; and he cunningly holds his court in an out-of-the-way place, where his doings cannot be watched by those competent to detect his short-comings and expose his fallacies]

Graefrath is a village of Rhenish Prussia, near Dusseldorf, which has acquired considerable celebrity from being the residence of the distinguished oculist, the Hofrath, Dr. De Leuw, to whom many patients resort from foreign countries, the number of English greatly preponderating over others—several of them remaining under treatment for a considerable time in the summer months, at which season the place is overflowing, though the accommodation is but indifferent, consisting of two or three inns of a primitive character, with plain *table d'hôte* dinner at one o'clock, and inferior lodgings. There is no resource for the recreation of patients or of friends who may accompany them, but the environs are pleasing, and the air is of a bracing quality. The Hofrath is a spare, delicate-looking man, of about 65, of quiet, unassuming manners, intellectual countenance, and penetrating eye, not requiring the use of glasses. He does not see any patients either at his own residence or at their lodgings, the only one he has sometimes gone to visit being the King of Hanover. He has a consulting-room at the principal inn, where he remains from eight o'clock till two or three, and sometimes later, during the greater part of which time the entrance-passage—there being no waiting-room—is thronged with patients of all classes, though two days in the week are more especially allotted to the poorer class. Many patients have thus to wait for hours; it is but seldom that a fresh comer can have an interview before a day or two. Notwithstanding this concourse, the doctor not unfrequently gossips with patients for some time about matters in which they may be interested, which, it is said, he finds necessary, as a relaxation from the continuous employment of seeing and determining upon eye cases. As may be expected, not a few of these cases are irremediable, the patients having been induced to repair to Graefrath as a *dernier ressort.* On announcing my name and sending in a letter from a patient at a distance, I was, after a short time, cordially received, and allowed to be present during the inspection of patients, several of whose cases were of considerable interest. The Hofrath's diagnosis in obscure or difficult cases is clear and decided. His treatment —eschewing in great measure depletive means, leeches, purgatives, blistering, etc. —mainly consists of the application of unguents or lotions, of a more or less stimulating or sedative character, to the forehead and the eyes—nitrate of silver and iodine preparations being not unfrequently employed. Mercury and other internal remedies, with a view to produce an alterative effect upon the organs, are not often administered, though internal medicines are sometimes prescribed to remedy coexisting derangement of the health. The fee for the poorer patients is very low—about a shilling; that for strangers, except for a single consultation, is about a Prussian dollar a visit, or they give what they please at the termination of the treatment.

The Hofrath originally acquired reputation as an oculist by publishing, when an army surgeon, a work upon contagious ophthalmia, which was at the time highly thought of. He has practised in his native village for upwards of thirty years, having repeatedly refused invitations to reside in capital cities. He informed me that he had prepared for publication a work on entropion and trichiasis, for which he has operated successfully many thousand times. His method, however, as far as I could understand, does not materially differ from that usually pursued, of removing the irritating eyelashes, and excising a smaller or larger portion of the skin of the inverted lid and uniting with fine sutures. He strongly disapproves of the operation of excising the margin of the lid, as practised by a distinguished oculist of Berlin. In advanced cases of cataract he operates with the needle, puncturing the cornea (keratonyxis), as was the practice of the late Mon. Walther, of Munich—only one eye being operated upon when both are affected, if the result be successful. He entertains, however, the firm conviction that cataract may frequently be dispersed in the early stage by external remedial means, and internal when necessary. One English patient, who was considered to be thus cured at Graefrath, had for years been almost blind, deriving no advantage from the oculists whom he had consulted. He now sees well; but, whatever he may have had, I much doubt from his account the existence of cataract: neither could I see any sign of this disease in a lady said to be labouring under its incipient form, whose sight, having been a good deal used in reading, etc., had failed, but was much improved under the treatment. Another English lady, however, in whom the cataract was apparent in both eyes, stated that she could see much better since she came to Graefrath. The Hofrath mentioned to me a distinguished oculist in Vienna, who formerly disbelieved the possibility of cataract being absorbed, but who had lately, in an appendix to his work, admitted its practicability. He does not allow to be known the means which he employs for this purpose, the prescriptions being only made up by the local *pharmacien*, and patients taking with them a sufficient supply of the remedies to go on with in their absence.[1] Among the other English patients was a lady with incipient conical cornea, which had improved under the treatment. An American banker (a young man), who, from excessive attention to business, had become amaurotic, and was nearly blind, had not derived any advantage from his visit to Graefrath. As constitutional measures are not generally employed against the local disease, so also strict attention to regimen does not seem to be enforced by the Hofrath. One patient, of florid aspect, and having all the appearance of a *bon vivant*, whose eye was considerably inflamed, and who had been treated in England without success, had resided for some time in the neighbourhood, coming occasionally to visit the Hofrath, after having had a stimulating ointment (argenti nitras) put in the eye, immediately went up from the consultation to the *table d'hôte* and drank his half bottle of wine.

All the patients whom I saw appeared to have the greatest confidence in the Hofrath; some, doubtless, not without good reason, having derived benefit after the failure of means employed at home; the obscure and more difficult cases are of course the exception to the generality; and one cause of the improvement which so many experience is doubtless greatly owing to the pure air and plain living of the place, and also to the season of the year being the most favourable (very few remain after October) for recovery, and less liable to produce aggravation or relapses. It is well known that in most Eye Institutions the bulk of the cases are less numerous and severe, and are more tractable in the summer months than at any other time of the year.—*Med. Times and Gaz.*, Nov. 24, 1860.

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[1] This pretended remedy, of this German charlatan, for cataract, is stated, on reliable authority, to be nothing but palm oil!!!—*Ed. Med. News.*

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The Cretins of Abendberg.—In the profession of medicine we may accept the political maxim, which teaches one nation to profit by the misfortunes of another; but not in a political sense. We may thus profit by the physical misfortunes of others, but only when we apply a superior intelligence to the art of remedying them. Then we may learn new methods and new principles, acquire fresh resources, and rise to the level of those who have most effectually and wisely studied their art, by simple imitation, or by consenting to learn from others, if with the desire to push still further their successes. Dr. Guggenbühl, known throughout Europe as the founder and director of the institution at Abendberg for the treatment of cretins, has addressed to us various inclosures[1] descriptive of that establishment, in furtherance of the general discussion upon which we have recently entered, of the existing provision for the cure and culture of idiots, and the necessary extension and amelioration of their present status. The general scope and manner of foundation of Dr. Cuggenbühl's institution are so well known in this country, that we shall not need to enter into any minute particulars; but a few additional details will be interesting.

Dr. Scoutetten, President of the Medical Societies of the Moselle, a distinguished physician who lately visited Abendberg, speaks of this interesting institution as in active and fruitful employ, filled with cases of distressing cretinism, of whom there were few that did not manifest signs of mental regeneration and physical development. It was the encouraging result of the first year's labour of Dr. Guggenbühl which, in 1846, led some philanthropic ladies of Bath to attempt something for the poor idiots of our own country, who are, in many cases, more curable than cretins. Hence the Idiot School of Bath arose—the first school for training and teaching idiots instituted in this land. It was presided over by Miss White, a lady who acquired a knowledge of the system practised at Abendberg, and devoted herself to the foundation of this new school. In the same way, in the year 1847, out of a deliberation whether to send an idiot child to the Abendberg, arose the thought of establishing an institution in our own country. So from the Abendberg sprang forth the asylum at Highgate, which was subsequently removed to Essex Hall (Colchester) and Red Hill. To this institution of Dr. Guggenbühl may be traced nearly all the efforts which have been made in our latest times to train and to cultivate the mind and body of the idiot. There is, therefore, a central interest attaching to this institution, and the intelligence of its continued success affords a hope of the general radiation throughout Europe of the precept and practice approved by experience there acquired.

Dr. Guggenbühl calls attention to the highly arched palate of the idiot, as indicating atrophy or atresia of the base of the brain, no less than depression of the vault shows imperfect development of the upper convolutions. The first care in training the idiot is to ascertain the force of intelligence, the instincts, and the sentiments, and so to strengthen those of which he is capable, that they may supply the place of those which are deficient. The first difficulty is that of articulation; this is taught in class by repeating the names of objects. It is seriously difficult to combine their attention by a common idea. Dr. Guggenbühl employs two means. In the day he strikes suddenly a Chinese gong, the sound of which deafens the tympanum, silences conversation, and excites a movement of surprise. He seizes that moment to commence prayers, and then, either by imitation or obedience, all the children listen to the voice of their master. In the evening he employs another resource not less ingeniously devised. Such pupils as are capable of receiving the first notions of reading are collected in a darkened chamber, and suddenly on a black board at the end of the room they behold a glittering line of fire—a letter of the alphabet, traced by the aid of a pencil of phosphorus. The rapid line of light surprises the children, and attracts them to give their attention to what is passing. The o is usually drawn first, for from this, by simple changes, may be constructed an a, b, d, g, q, p, &c. By such ingenious means, and, above all, by perseverance in them, Dr. Guggenbühl succeeds in ameliorating the physical condition and strengthening the intellect of his unhappy charge; and after four, five, or six years they may thus become useful members of the society which they had burdened and deformed.

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[1] Die Erforschung des Cretinismus und Blödsinns, nach dem jetzigen Zustande der Naturwissenschaft. Von Dr. Guggenbühl. Wien, 1860. Also, Reports in German, French, and English, from Rokitansky, Schroff, Türck, and Scoutetten.

The study of these results has led to the issue of commissions by the King of Sardinia, the King of Wurtemburg, the Emperor of Austria, and the Emperor of France. Formerly, all these countries were worse provided with the means of caring for their idiot population than even we were. Now they are, for the most part, greatly in advance of us. The labours of Dr. Guggenbühl, continually increasing in their success and their extension, demand earnest help, while they should excite patriotic emulation in every European country.

In his last publication, Dr. Guggenbühl insists upon the necessity of an European statistical inquiry and researches on a level with the present state of the natural sciences, to arrive at final conclusions on the difficult and complicated question of the cause of cretinism and idiocy. Meanwhile, he has the satisfaction of seeing his work more and more imitated and appreciated in all quarters of Europe, even in those which have hitherto been backward. Commissioners from several countries have this year visited the Abendberg to make themselves acquainted with the method of treatment: from Paris has come Dr. Parchappe, the Emperor Napoleon the Third having given 50,000 francs for founding a large cretin hospital in Savoy; from the Russian Government, Dr. Ther, the Emperor having ordered that a series of such institutions should be founded in Russia; from Spain came Dr. Pryadas, who is employed in furthering the work in his native country; while the Austrian Government has recently decided to build a new hospital in the Alps. These wide-spread efforts cannot fail to produce results valuable to humanity. Dr. Guggenbühl utters an aspiration that they may be fertile in scientific results, and especially that by systematic investigation the chief cause of this affliction of the human race may be ascertained. He is himself disposed to attribute it to "a kind of malaria which predisposes to this epidemic degeneration of human nature." Dr. Guggenbühl proposes, however, to verify this opinion by positive eudiometric researches, in which he looks forward with confidence particularly to British skill and British philanthropy.—*Lancet*, Dec. 1, 1860.

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Arsenic-eating in Styria.—Dr. H. E. Roscoe read an interesting communication on this subject to Manchester Literary and Philosophical Society (Oct. 30, 1860). Prof. Roscoe being anxious to obtain further definite information respecting the extraordinary statements of Von Tschudi, quoted by Johnston in his *Chemistry of Common Life*, that persons in Styria are in the habit of regularly taking doses of arsenious acid, varying in quantity from two to five grains daily, was supplied through the kindness of his friend Professor Pebal, of Lemberg, with a series of letters written by seventeen medical men of Styria, to the government medical inspector at Grätz, concerning the alleged practice. After reviewing the opinions of Dr. Taylor, Mr. Kesteven, and Mr. Heisch, upon the subject, and having mentioned the results and conclusions arrived at by those who had previously interested themselves with the subject, Mr. Roscoe stated that all the letters received from the medical men in Styria agree in acknowledging the general prevalence of a belief that certain persons are in the habit of continually taking arsenic in quantities usually supposed sufficient to produce death. Many of the reporting medical men had no experience of the practice; others describe certain cases of arsenic-eating which have not come under their personal notice, but which they have been told of by trustworthy people whose names are given; whilst others, again, report upon cases which they themselves have observed. Professor Roscoe proceeded to bring forward, in the first place, evidence bearing upon the question—Is or is not arsenious acid, or arsenic in any other form, well known to, and distributed amongst the people of Styria? He said that he had received six *grammes* of a white substance forwarded by Professor Gottlieb, in Gratz, accompanied by a certificate from the district judge of Knittfield in Styria, stating that this substance was brought to him by a peasant woman who told him that she had seen her farm-labourer eating it, and that she gave it up to justice to put a stop to so evil a practice. An accurate chemical analysis showed that the substance was pure arsenious acid. Extracts from many of the reports of the medical men were then read, all stating that arsenious acid, called "Hidrach" by the Styrian peasants, is well known and widely distributed in that country. The second question to which Mr. Roscoe sought to obtain an answer was, whether arsenic is or is not regularly taken by persons in Styria in quantities usually supposed to produce immediate death? The most narrowly examined, and therefore the most interesting case of arsenic eating is one recorded by Dr. Schäfer. In presence of Dr. Knappe, of Oberzehring, a man thirty years of age and in robust health, ate, on the 22d February, 1860, a piece of arsenious acid weighing four grains and a half; and on the 23d, another piece weighing five grains and a half. His urine was carefully examined and shown to contain arsenic; on the 24th he went away in his usual health. He informed Dr. Knappe that he was in the habit of taking the above quantities three or four times each week. A number of other cases, witnessed by the medical men themselves, of persons eating arsenic, were then detailed. Dr. Holler, of Hartberg, says that he and other persons, named in his report, guarantee that they are together acquainted with forty persons who eat arsenic; and Dr. Forcher, of Grätz, gives a list of eleven people in his neighbourhood who indulge in the practice. Professor Roscoe did not think it necessary to translate the reports *in extenso;* he gave extracts containing the portions immediately bearing upon the two questions at issue, and deposited authentic copies of the original reports with the Society, for the purpose of reference. He concluded that decisive evidence had, in his opinion, been brought forward, not only to prove that arsenic is well known and widely distributed in Styria, but that it is likewise regularly eaten, for what purpose he did not at the moment investigate, in quantities usually considered sufficient to produce immediate death.—*British Med. Jour.*, Nov. 24, 1860.

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Spontaneous Explosion of Glass. By M. Donovan, Esq., Hon. Mem. Philadelphia Coll. of Pharmacy.—Some phenomena have lately occurred which appear to merit attention, as they might have been attended with dangerous consequences. Dr. Hoffmann states that a large bottle of chloride of lime, the glass stopper of which could not by any means be taken out, had lain for years undisturbed on a shelf in his laboratory, when, without any obvious cause, it exploded, breaking the bottle into small fragments, and dispersing them, along with the chloride, with violence to a distance in all directions. This explosion Dr. Hoffmann attributed to a spontaneous decomposition of the chloride of lime, a substance not hitherto known to be capable of producing such an effect.

Some days since an explosion took place in the shop of a chemist in Colliergate, York. One of the large show-bottles which stood in the window suddenly burst with a report described as resembling a cannon; the plate-glass window was shattered, and the glass vessels were blown to atoms.

Three years ago the following occurred to myself. I had procured from London a four-ounce bottle of what professed to be iodide of sulphur; but as it did not in any respect resemble that substance, I set it aside without removing the stopper, which stuck fast. In a year after, wishing to convert the bottle to use, I attempted to remove the stopper, but could not. I then tried to effect my object by striking the side of the stopper with a piece of wood, in the manner commonly practised. I had no sooner given the stopper the first stroke, and a gentle one it was, than an explosion as loud as a small pistol shot took place; the body of the bottle was shivered, some of it almost into dust; the room (a large one) was filled with a cloud of the yellowish powder which the bottle had contained; and three of my fingers were gashed in a manner which gave me great pain; the cicatrices even to the present hour occasionally sting me.

I succeeded in collecting a sufficiency of this powder for examination. Its colour was pale yellow; it was proved not to contain a particle of iodine; it burned, on a hot iron, entirely away, with the characteristic flame of sulphur. I could discover nothing in it but sulphur in the state of hydrate, or what is called *lac sulphuris*, and such I believed it to be.

I have more than once witnessed the spontaneous fracture of a glass vessel into curious zigzags, the parts still holding together. I attributed the occurrence to imperfect annealing, or to whatever the principle is that causes the explosion of Prince Rupert's drops. The explosion of my bottle seems inconsistent with the notion of a radical force acting from within, but agrees well with the supposition of some molecular repulsive agency between the particles of the glass which had been long constrained and overpowered by their cohesion, until the vibration of the stroke given to the stopper determined the balance of power. I am not sure that this explanation has much meaning in it, but I can suggest no other. Whatever may be the cause, it is probable that the explosion of the chemist's show-bottle was of the same kind. Such bottles generally contain merely water coloured by metallic salts or other non-fermentable substances. Perhaps the explosion of Dr. Hoffmann's bottle may have occurred in the same manner; and perhaps the three cases may have been explosion of the glass, and not of the contents of the bottle. Be this as it may, we derive the caution to be on our guard when we have to do with bottles the ground glass stoppers of which have been closely adhering for a length of time, and obstinately resist being removed.

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Poisoning by Green Paper.—On Friday, the 9th of November, an inquest was held at Highbury, Islington, before Mr. Wakley, touching the death of Clarence W. King, son of William Thackerah King, Esq., of Beresford Lodge, Highbury, aged three years and a half. The evidence of the father and the nurse having been given, the medical attendant of the family, J. B. Metcalfe, Esq., M. R. C. S., was examined, who stated that he was called to visit the child on Thursday morning, the 1st inst., being informed that it was in a fit. On his arrival, the convulsions had ceased, but the little boy was in a semi-comatose state. He learned that the child had felt chilly, and had been sick; had refused his breakfast, and therefore had taken nothing since his supper on the previous evening. He had fallen from the sofa two or three days previously, and there was a very slight bruise apparent on the forehead. In the evening the symptoms seemed to be somewhat relieved by the remedies administered, but during the night he became excessively restless; and another child (a little sister) being also seized with convulsions, followed by violent screaming and copious dysenteric discharge from the bowels, the medical gentleman was again sent for, and on his arrival found the child first affected in a state of collapse. Thinking the appearances suspicious, and the more so because three months before both these children had been almost simultaneously attacked in a similar manner, he began to search more minutely into the causes likely to have given rise to these seizures, and discovered that they had during the last few days been playing with their toys in the cupboard of the breakfast-room, which room was papered with a green flock paper; that two or three days previously they had been amused by helping to clear out one of these cupboards, and that the little boy had sucked a piece of lace which he found amongst the books and toys there.

These circumstances seeming to confirm his suspicions, he directed the evacuations to be preserved, and sent them to Dr. Letheby for analysis. Meanwhile every effort was made, by the application of warmth, administration of ammonia, and constant supplies of warm milk, to rally the little sufferer, but of no avail. Alternations of repose and violent tetanic convulsions continued during the day, and he died thirty-eight hours after the commencement of the attack.

A *post-mortem* examination was performed, and the stomach with its contents, part of the liver, and the sigmoid flexure of the colon, were forwarded to Dr. Letheby, and at the same time portions of the green paper.

Dr. Letheby's report was as follows: "The paper is coloured with arsenite of copper, or Scheele's green; and it is so loosely attached to the surface that it brushes off most readily. The quantity of poisonous pigment amounts to nearly one-third the weight of the paper, and therefore it is highly dangerous in its nature. I have examined the stomach, and find that it contains distinct evidences of arsenic; so also do the liver and the evacuations; but the quantity of the poison in the last two is not nearly so large as that in the stomach."

The coroner remarked that he and a son had experienced headache from sitting in a room hung with such paper; and he having summed up, the jury returned a verdict to the following effect: "That Clarence William King had been poisoned by the inhalation of arsenical fumes which had escaped from the green paper of a certain sitting-room, and that the manufacturer of such paper had been guilty of very careless and culpable conduct."—*Lancet*, Nov. 17, 1860.

Consumption of Tobacco in France.—The consumption of tobacco in France increases in an immense proportion. In 1815 it was only 53 000,000 lbs., and in 1858, 173,000,000 lbs., having in that time more than tripled. In a period of 47 years, it produced to the Treasury a gross sum of 4,386,794,264 fr., and a net amount of 3,044,079,306 fr. The sale of tobacco, as is known, is a government monopoly, and the gross receipts from it are set down in the budget of the present year at 183,000,000 fr. From that sum, however, must be deducted 15,424,000 fr. for salaries; 12,437,200 fr. for rent, buildings, wages to workmen, repairs, supplies of paper, envelops, salt, and casks; 211,000 fr. for indemnities to departments in which the plant is cultivated; 205,000 fr. for fees to experts; 43,009,000 fr. for purchase of foreign and native tobacco; and 96,933 fr for extraordinary services; total, 57,501,533 fr; thus leaving a balance of 125,498,467 fr. in the Treasury. The increase in the price of tobacco just imposed will raise the receipts, it is estimated, to about 220,000,000 fr.—*Lancet*, November 3, 1860.

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Dupuytren on Tobacco Smoking.—"I cannot understand the progress of this filthy custom among educated people. It is, indeed, incredible that a man of liberal education should consent thus deliberately to debase his intellect; that a man, who has enjoyed the pleasures of literary and scientific information, should prefer to the sublime pleasures of the mind the ignoble pleasure of rendering himself disgusting to all about him."—*Med. Times and Gaz.*, Nov. 24, 1860.

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Russian Civil Hospitals in 1858.—According to the report for 1858, just issued by the Russian Government, the entire number of persons received into these in 1858 amounted to 293,153, of which number 246,747 recovered, 24,583 died, and 21,823 remained under treatment; so that the mortality was about 83 85 per 1000. Inflammatory, rheumatic, gastric, and especially catarrhal fever occupied the first rank. No part of the Empire escaped the influenza, but nowhere did it exhibit marked malignity. The same observation may be made concerning ague, which, however, assumed a bad form in the St. Petersburg district. In several places Fowler's solution was found to be of efficacy, while the preparations of bark were of little service. Of typhus and typhoid there were 20,062 cases, with 15,556 recoveries and 3415 deaths. Cholera prevailed epidemically in some places, not quite half those attacked dying. Of dysentery there were 138.90 deaths to 1000 recoveries; and of acute exanthemata there were 71.14 deaths to 1000 recoveries. Croup prevailed epidemically in various places, 533 deaths occurring from among 1809 cases. There were 9648 patients suffering from tuberculosis with 4430 deaths, from scorbutus 3437 with 252 deaths, 28,952 from syphilis with 237 deaths. Of 115 persons bitten by animals with rabies 23 became affected with hydrophobia, all dying. The bite of the wolf has been found to be more dangerous than that of the dog. There were 2 cases of acute glanders in man. There were 933 major operations performed during the year, the patients recovering in 838 and dying in 95. Of these, 248 were amputations of the large limbs, with 205 recoveries and 43 deaths: 24 disarticulations, with 3 deaths: 14 resections, 78 lithotomy operations, 90 extirpations of cancer, 49 cataract operations, 28 for phymosis and paraphymosis, 3 tenotomy operations, 9 herniotomies, and 2 tracheotomies.—*Med. Times and Gaz.*, Dec. 1, 1860, from *Deutsche Klinik*, No. 40.

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Regulations for the Admission of Foreign Medicinal Substances into Russia.—The *St. Petersburg Journal* contains a decree of the Medical Council of Russia upon this matter. Russia has for a number of years been the centre and privileged territory of inventors of all kinds, and from every country. As long as more or less new or useful inventions in industry, commerce, or the arts were concerned, the authorities have only interferred for the granting the patent, leaving the public as the sole judge of the merit of the invention. But when dangerous products are concerned, such as chemical or pharmaceutical substances, which by their very nature escape all appreciation by the public, competent authority, whose duty it is to watch over the health of all, ought to intervene in order to protect the purchasers against error and charlatanism. The number of new medicines prepared abroad and offered to the public through prospectuses and advertisements, becomes every day greater, and demands for permission to import new remedies flow in from all parts of Europe.

If the Medical Council were to listen to all these inventors of secret medicines indiscriminately, and reply to the voluminous memoirs which accompany their samples, time would not suffice; it would, in the examination of pretended discoveries, the compositions of which are usually based on neither science or common sense, but on interested calculations, lose precious time which should be devoted to serious questions. To avoid such loss and to prevent foreign inventors of secret remedies, undergoing needless trouble and expense, the Council publishes an extract from the Russian code of what relates to medicinal substances brought from abroad. Every inventor must transmit to the Medical Council a specimen of his invention, accompanied by a note indicating its ingredients. The Council causes an analysis to be made, and if it recognizes the substance as likely to be useful, it regulates its employment, and fixes the price. If the proposed remedy is of really a serious character, so that it is proved to be better than similar ones in use, or while of equal efficacy with them it can be more easily employed and sold cheaper, the Council may accord to the inventor the privilege of an exclusive sale for a certain number of years at the price determined on—the secret of the composition being revealed at the end of such period. Moreover, the Medical Council will not proceed to the examination of any of these substances, unless they have been already approved of by the medical bodies of the country to which the inventor belongs, if their employment is dangerous, if their preparation implies costly apparatus or special qualification, and if they will not keep well after they have been prepared.—*Ibid.*, from *Union Méd.*, No. 135.

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University of Edinburgh.—The increase in the number of students in the University, which was marked last year, continues this session. We understand that Lord John Russell's eldest son has this year matriculated in the University, in which his father was a student fifty years ago.—*Med. Times and Gaz.*, Nov. 17.

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OBITUARY RECORD.—Died, in Dublin, on the 1st of December, of apoplexy, after only three hours' illness, SIR HENRY MARSH, Bart, M. D., in the 70th year of his age. Dr. Marsh has during the last thirty years occupied the foremost place among the medical practitioners of Dublin.

Diphtheria.—This terrible disease, in regard to the ravages of which in France and Great Britain we have, of late years, heard so much, has been prevailing during the past two years in various places throughout this vast country, carrying fear and desolation into many families. We hear of it in numerous points from the Atlantic to the Pacific, and from the lakes to the Gulf. It has presented itself in its most virulent form in the New England States, the northern portion of the State of New York, in Kentucky, at some places in the Mississippi Valley, and in California. The deep interest which this disease has aroused, induced the Trustees of the Fiske Fund to offer a prize for the best essay on the subject, and, as already announced, this was awarded to Dr. D. D. SLADE, of Boston. This very elaborate Essay is published in the January No. of the *American Journal of the Medical Sciences.* Believing that the readers of the Journal would desire to have the whole of this Essay laid at once before them, the publishers have with that view considerably enlarged the January No.

That number also contains elaborate and interesting papers by Prof. AUSTIN FLINT, of the New Orleans School of Medicine; Prof. HAMMOND, of the University of Maryland; Prof. DALTON, of the College of Physicians and Surgeons, New York; with numerous other highly useful practical communications, also Reviews, Bibliographical Notices, a Quarterly Summary of the Progress of Medicine, &c.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Writer's Palsy.—The following case, which presented itself at the Hospital for the Epileptic and Paralyzed, is an example of what is commonly called "writer's palsy," but according to Dr. Brown-Séquard this affection is a condition of spasm, and not of palsy. The patient, an intelligent man, aged 33, was asked to write. When he took the pen in hand and began to write, the thumb, to which digit the sole blame appeared due, was spasmodically flexed, the last phalanx being apparently more influenced than the rest of the member. It was found that the tendon of the flexor longus pollicis was rigid, and the patient said that it was slightly tender on pressure. Dr. Brown-Séquard considers this spasm to be the result of a morbid association, the idea of writing, as it were, being involuntarily followed by spasm, just as physiologically the ciliary muscle (without the interference of direct voluntary effort) accommodates to the required distance when objects at different distances are looked at. There were, however, in this case, some features which made it differ somewhat from the typical affection as generally described. Thus the man found the same difficulty in lifting a small weight, and from the same cause—spasm of the thumb. He could grasp firmly, and was even able to button his clothes with the hand, though not so well as with the other. Dr. Brown-Séquard related the case of a literary gentleman who was accustomed to write a great deal, and in whom this spasmodic affection attacked one after another the fingers of his right hand, and then, after

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a time, the left, with which he had learned to write. This gentleman, after the thumb and index finger of his right hand were rendered useless, wrote with the remaining fingers, and when these were attacked he fixed the pen on his wrist and again wrote; but the arm now became spasmodic, and he could not write at all. He then learned to write with the left hand, but the spasm also attacked the several parts on this side in the same way, and he was compelled finally to abandon the pen. Another point of interest in the present case was that at about the age of fourteen the patient had some other paralytic affection. The following is a short sketch of his history: About the age mentioned he began to lose control over his bladder, and to experience difficulty in walking. He had, too, about the same time, pain in the head, of the exact seat of which he gives no clear account. He next had double vision. He says that neither of the upper eyelids ever fell, so that the third nerve was probably not affected. He gradually lost entirely all power of motion and all sensation in the legs and in the hands. The fingers then were spasmodically flexed, and, as he explained, were curled towards his palm, apparently not, as is often seen, completely closed like a fist, rigid in a bent position. The symptoms gradually passed off again, and three years from the commencement, he considered himself to be getting well, and remained in very good health until 1859. He was then a clerk, and began to find a difficulty in writing. His pen would, he says, drop from his hand. To such an extent did the difficulty increase that he was obliged, in October, 1859, to resign his situation. He has since learned to write with the left hand, but he thinks not quickly enough to enable him to return to his old employment. He is apparently a healthy-looking man, but says that he has occasional sensations (epileptic vertigo?) coming on as if starting from the back of the head and passing over to the forehead. He seems to dwell on this feeling as if it were of more consequence than would appear by his verbal description of it. It is not, he says, giddiness and he is not at all unconscious. This comes on when he looks steadily at anything, or when reading, and prevents him reading more than a few lines at a time. The hand has improved very much since he first came under care.—*Med. Times and Gaz.*, Dec. 1, 1860.

Spasm of the Depressor Muscles of the Lower Jaw—From a variety of cases of affection of the nervous system attending Dr. Brown-Séquard's practice, we select the following, as illustrating a curious and very rare form of local affection. The patient appears to be in general good health, and suffers nothing, except the annoyance of his so marked and peculiar deformity. He is an intelligent, well-educated man, about 60 years of age, and states that, whenever he is not moving his jaw in eating or in talking, it falls, and thus his mouth is left open, giving a vacant and silly expression to a face otherwise intelligent. As stated, he can eat well and talk well, and the masseter and temporal muscles contract well on both sides; but, when the jaw is depressed, the muscles below the chin are found to be spasmodically contracted. The depressor muscles of the jaw are, therefore, as Dr. Brown-Séquard considers, in fault, being over active.—*Med. Times and Gaz.*, Dec. 15, 1860.

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Epilepsy depending on Disorder of Menstruation.—The following case is of especial interest, as illustrating the connection between the frequency of the fits and the state of the uterine functions. The fits first commenced not only during amenorrhœa, but at the time when the flow should have taken place; or, as the patient fancied, "they took the place of her being unwell." Another point of interest is the occurrence of bleeding from the nose at a menstrual period, the natural flow being suspended. As might be imagined, a case of epilepsy of this kind was complicated with hysteria, or at least with symptoms which are generally associated with hysteria, as globus, crying etc.

Martha B., aged twenty-one, unmarried, was admitted into the Hospital for the Epileptic and Paralyzed, under the care of Dr. Brown-Séquard, in July, 1860, for epilepsy. Menstruation commenced at the age of fifteen, and has continued irregularly ever since. Shortly after the commencement of menstruation, about six years ago, she had her first fit. It occurred at the proper period of menstruation, but no flow took place, this being the second period that had been passed. She had also, it appears, an attack of pain in her joints, which had been very much swollen a little before the fits. The fits subsequently occurred at this time for six or seven periods. She says that she used to have a fit instead of being unwell. She had also a sort of delirious attack with what she calls "like fits," etc., but attended by complete insensibility. She has no immediate warning of the fits, but for a short time before she has well-marked hysterical symptoms, globus, fits of crying, and twitchings of the face. Three years ago, when under care in a metropolitan hospital, she had several fits every day. From that time the fits have got worse, being still clearly associated with derangement of the uterine functions. On her admission, under the care of Dr. Brown-Séquard, she had as many as ten or eleven fits every day. She had not been unwell for ten weeks, and was very much depressed in spirits and much reduced in health. Strychnia, in doses of one-thirtieth of a grain twice a day, was prescribed, with steel wine. Wine and porter also were given. About one month after admission menstruation was again established. The fits gradually declined in number, the intervals becoming as much as two or three days, and for the last month (August) of her stay in the hospital she had only one. On August 13 the strychnia was omitted, and bismuth was given, and a pill, containing half a grain of extract of opium, two of extract of hyoscyamus, and ten of extract of lettuce, was given every night. From the time of the re-establishment of menstruation this function has been performed properly, until one week ago, and she has had only one fit. She, however, felt much better in health, and did not suffer much after the fit. At the last menstrual period she had no natural discharge, but lost blood from the nose and mouth (vicarious?) She had no fit, but severe headache. She is wonderfully improved in every respect, not only in the fits being very much diminished in number, but her health is much better, and her aspect of cheerfulness is a marked contrast to her former appearance. She is now taking quinine only.—*Med. Times and Gaz.*, Dec. 22, 1860.

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Case of Hydrocephalus; Puncture; Death.—A girl aged fifteen months was admitted into St. Bartholomew's Hospital, under care of Mr. Paget, August 31, for hydrocephalus. She was a badly nourished child, emaciated and feeble. She was said not to have been born with a large head, but that it commenced to increase two months after birth. It was also ascertained that her parents were first cousins, that her mother was paraplegic, and her father phthisical. Four months before her admission her head was found to measure twenty-seven inches round, but on admission the measurement was only twenty six. The orbital plate of the frontal bone was much pushed forwards, and hence more nearly in the perpendicular. The eyeballs were displaced inwards and forwards. The bones of the skull were at the anterior fontanelle widely apart, the fissure extending for some distance betwixt the frontal and parietal bones. She was quiet in the day, seemed pretty comfortable, but cried most of the night. The thumbs were constantly drawn in on the palms of the hands. She still showed some signs of intelligence, and knew the nurse and sisters. Her appetite was voracious. On September 1st Mr. Paget introduced a capillary trocar by the side of the anterior fontanelle, and allowed six ounces of fluid to escape. Except the trifling pain of the introduction of the instrument, no particular uneasiness was produced by the presence of the trocar. On the 8th, sixteen ounces of fluid were pumped out by means of a small stomach-pump with a gutta percha tube attached. After each of these operations the child was sick for about two hours, but next day it took food, and seemed as well as usual. On the 15th, Mr. Paget drew off eight ounces of fluid, and injected one ounce of an aqueous solution of iodine and iodide of potassium (ten grains of iodine, one scruple of iodide of potassium, and an ounce of water). The operation was borne well, and no unusual effects were produced. No iodism. On the 18th (three days after the injection of the solution), the head measured twenty-seven inches. After each of the first two operations the head collapsed slightly, the space in the anterior fontanelle becoming depressed, and the skin being looser than before. Next day, however, it had regained its previous size and appearance, the fontanelle being as tense as ever. After the third injection, however, the head did not regain its previous dimensions for ten days. On September 20th a fourth operation was performed. Eighteen ounces of fluid were drawn off, and three ounces of the solution injected. The fluid drawn off was rather more coloured than usual, being somewhat like that of hydrocele. No iodine or iodide of potassium was detected in it. We may mention that Professor Langenbeck, of Berlin, was present at this operation. He suggested that the trocar should be introduced through the orbital plate of the frontal bone, in order to avoid puncturing the corpus callosum. Mr. Paget, however, preferred to puncture by the side of the anterior fontanelle, as he did in the three previous operations. The operation was performed at about half-past two o'clock in the afternoon. At five o'clock the child became convulsed, and continued so until six or seven o'clock, when the spasm became more permanent, and the child seemed quite rigid. The next morning the eyes were quite bloodshot, and the eyeballs more prominent and drawn in. During the whole of the night the child's limbs remained quite rigid. She did not cry, but she had no sleep. She was very sick. The thumbs, as previously, were spasmodically contracted on the palm, and both the great toes were also spasmodically flexed. The next day (22d) the jaws were quite stiff, the eyeballs sunken. There was less stiffness about the extremities. With the exception of a little milk, she had taken no food since the operation. She died at two o'clock, being just three days after the operation.

Autopsy. — Sept. 24. An incision was made into the more depending portion of the head, and about four pints of turbid serum were let out. The brain, which was not very adherent to the parts around, was very soft, and at the back was softened to a pulp. The cerebellum was moderately firm, and was pushed towards the right side. The lining membrane of the general ventricular cavity (the septum lucidum being broken down) was found exceedingly vascular, quite scarlet, the vessels presenting almost a varicose appearance. At the anterior part of the ventricular cavity were deposits of flabby puriform lymph, the fluid being very turbid. The fourth ventricle was carefully examined, and was found to be quite blocked up. The lungs were studded with tubercle, as was also the costal layer of the pleura. The bronchial glands were tuberculous. The liver and spleen were also the seat of tuberculous deposits. The fluid drawn off was examined for iodine and iodide of potassium; the latter only was detected.—*Med. Times and Gazette,* Dec. 22, 1860.

Bursting of an Unsuspected Cerebral Abscess, through the Nose in a Case of Phthisis.—It is well known to pathologists that with phthisis pulmonalis there is sometimes associated disease either of the membranes or the substance of the brain, from deposits of tubercular matter. The symptoms vary a good deal, are oftentimes very sudden, and may even carry off the patient in a few days. The cerebral mischief is generally unsuspected, because no signs are evinced by the patient of its existence. A case in point has just terminated at St. Bartholomew's Hospital, but differing somewhat from any of the cases spoken of by Louis, Andral, Cotton, and others:—

John W. H——, a man aged thirty-two years, was admitted on the 23d of August last, under Dr. Farre's care, for phthisis. He had also had an attack of pleurisy of the right side of the chest six weeks before admission. He improved as much as could be expected in the second stage of the disease, but remained pale and anæmic. He was nevertheless sufficiently well to be discharged on the 17th of November, very much improved in his general health. He, however, was not to leave until the next day, when he was seized with symptoms resembling a mild fit, such as spasmodic contractions of the fingers, rigidity of the mouth and lips (the latter of which were bitten), and some amount of unconsciousness. These lasted for about twenty-four hours, when a sudden discharge of a large quantity of pure pus took place from the nose, and he died. He was shortly after taken away by his friends, and no post-mortem examination was obtained. During the period of his stay in the hospital, no manifestation of cerebral mischief was ever shown; and there can be no doubt, as Dr. Farre believes, that a tuberculous abscess had formed at the anterior part of the base of the brain, which burst into the frontal sinuses. Such an unusual occurrence in phthisis invests the case with a considerable amount of interest and importance, and it proves to what extent cerebral disease may remain dormant, without impairment of the general functions of the individual.—*Lancet,* Dec. 29, 1860.

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An Arcus Senilis obstructing Vision.—Arcus senilis, as is well known, seldom or never causes any impairment of vision, although it is at times very extensive. An instance of it in which it presented an unusually broad belt came under notice at St. Thomas's the other day, and in some remarks to the students present, Mr. McMurdo mentioned that he had on one occasion seen a case in which the arcus threatened by its unusual size to cut off the patient's sight.

The patient was a tall thin man, aged 60. The arcus had existed for seven or eight years, gradually encroaching towards the centre. When Mr. McMurdo saw him, there was only a minute central portion of the cornea remaining clear, leaving a sort of pin-hole aperture, through which, however, the patient could still see well. Whether or not the disease afterwards advanced further was not known, as the patient did not come under observation again.—*Med. Times and Gaz.*, Dec. 15, 1860.

CLINICAL LECTURE.

A Clinical Lecture on the Distinctions of Typhus and Enteric (Typhoid) Fever.—Delivered June 5th, 1860, by W. T. Gairdner, M. D., Physician to the Royal Infirmary of Edinburgh. Gentlemen: I am going to say a few words to you upon a subject of great importance, which we have not, till now, had a proper opportunity for discussing for many months past—the distinction of the enteric, or, as it is often called, "typhoid" fever, from the form so long and so well known here under the name of typhus. And as I observe that the doctrines which I have for some years regarded as established, and taught as being beyond reasonable doubt, have quite recently been again brought into question in the Medical and Chirurgical Society of London, I will ask you to observe very carefully for yourselves whatever facts our own experience affords as bearing on the subject.

Since the session began (in May) you have seen me pick out four cases from the miscellaneous list of febrile diseases sent up to the female fever ward; and these four cases you have heard me pronounce to be cases of enteric fever, on the faith of certain diagnostic peculiarities which have been described by various observers, and especially by Louis; but of which I must confess never to have had quite a clear idea until the publication of the researches of Dr. Jenner, of London, in 1848. Founding partly on the results obtained by Dr. Jenner, and partly on my own limited experience since 1848, I have never hesitated for some years past to point out the cases of this disease as differing *essentially* from cases of typhus fever—*i. e.*, differing as smallpox differs from measles, or both of these from scarlet fever or from typhus. In other words, I have been led to regard this enteric fever as a *specific* type of disease, not, perhaps, always distinguishable in practice from all others, any more than scarlet fever, and even smallpox, are always distinguishable; but when well-characterized, always observed to follow a law of development and diffusion which marks it out as an independent disease, not confounded *in nature*, and therefore not to be confounded *in name*, with any other fever. Now I wish you to observe particularly, in connection with these four cases, on what grounds I have placed this diagnosis; what doubts we have admitted in making it, and how those doubts have been solved. I may mention that all the four cases are now convalescent; so that I hope we shall not have in any of them that kind of confirmatory evidence which consists in finding, after death, ulceration of the small intestines, so characteristic of this kind of fever.

Observe, now, that judging from our four cases, the characteristic phenomena of this fever are not to be found either in its duration, or in its severity, or in its so called "typhoid" characters. The presence or absence of delirium, or of stupor, or of dry tongue, affords no ground of distinction. One of our cases had severe and protracted delirium, approaching coma; another had no delirium, but was very deaf and apathetic, with a foul and dry tongue for many days; the other two had hardly any "typhoid" symptoms at all. The heat of skin was equally variable; in one it was scarcely ever much elevated; in all the others it varied greatly at different periods, as also did the pulse. In not one of the cases was there a rapid and decided crisis; but one began to amend about the eleventh day, another about the twelfth day, while the two remaining cases were excessively protracted, and can hardly be said even now, after nearly seven weeks, to be out of danger; the fever having in one of the two degenerated into a kind of hectic type, exceedingly like that of subacute phthisis—a consequence, let me remark, which is very much more to be dreaded in enteric fever than in any other form of specific fever with which I am acquainted.

Nothing, then, can well be more variable or less characteristic than the general symptoms of this fever. I have seen it resolve itself in ten days, with the symptoms of febricula only, or of a mild remittent fever; I have seen it, on the other hand, last nearly as many weeks, and pass imperceptibly into organic disease. It mimics in turn not only all other fevers, but many other general or local diseases—phthisis, pneumonia, meningitis, perhaps more frequently than most others.

Next, as regards complications, we find that in two of our four cases there was intense deafness; in one, if not in both, with disorganization of the ears. In the same two there was pulmonary complication of considerable intensity, and doubtful issue; in one of them resembling broncho-pneumonia, in the other tubercular disease. The other two cases were almost perfectly free from pulmonary or other severe complication, and but for a little diarrhœa at the commencement might have been said to be free from complication altogether.

But *there was diarrhœa, more or less, in all the four cases.* This, I need hardly say, is the particular symptom from which the name "enteric," as applied to this fever, is derived. Diarrhœa, without known cause, with light-coloured, ochrey, or blood tinged stools, and with a tympanitic state of the abdomen, gurgling on movement, or tenderness on pressure in the right iliac fossa, are symptoms as nearly characteristic of this fever as any that can be named. And yet I would not have you to trust to these symptoms too much, for some of them are absent in the majority of cases; and even diarrhœa may be very transitory, as it was in two, at least, of our cases (not lasting beyond a few days, or even hours); or it may appear to have been determined by a purgative. Further, there may be no diarrhœa; and even in fatal cases, with great ulceration of the intestines, diarrhœa may not appear till a very late period. Besides, in typhus fever, and, indeed, in all fevers whatever, diarrhœa, as an incidental symptom, is by no means uncommon.

Now observe, further, that *in all our four cases, there was a peculiar eruption on the skin.* This, when present, and in sufficient amount to be identified, is the great criterion of enteric fever, as the eruption of typhus is also of that disease. I will not dwell on the characters of these eruptions here in the class-room. I will ask you to study them carefully in the wards whenever you have opportunities, and particularly to contrast them with one another. Of the maculated eruption of typhus, you have two excellent examples under observation at present. I will only recall to your attention now the fact, fully demonstrated to you before on many occasions, that in most of our cases of enteric fever the eruption has been very scanty, and that we have not unfrequently hesitated for a day or two to make a diagnosis. Indeed, the first crop of the eruption is rarely quite decisive; but as soon as successive crops, even of two or three spots each, appear, all doubt is removed. But in order to be sure, it is usually requisite in this disease, when the eruption is scanty, to mark each individual spot with ink in such a way as to distinguish accurately the period of its appearance; which precaution against error, accordingly, you saw me take in all these four cases. This in typhus fever it is usually unnecessary to do, and from the number of the spots it would be impossible even if it were necessary.

As regards the characters of these eruptions, I may refer you for details to the excellent descriptions and illustrations of Dr. Jenner in the thirty-third volume of the *Medico-Chirurgical Transactions*, with which I entirely concur.

As regards the characteristic phenomena of typhus, and particularly the relation of the eruption to these phenomena as we have observed them in Edinburgh, I have no time to enlarge at present, and I will therefore take the liberty of referring you to a short paper of mine in the number for July, 1859, of the *Edinburgh Medical Journal*, on the changes that have occurred in our fevers during the last ten or twelve years. You will there find that typhus, like enteric fever (though not certainly to the same degree), is a disease of exceedingly variable severity and duration; that its general febrile characters, though following on the whole a certain type, are by no means to be depended on in individual cases; that its complications are few, and follow no regular rule; and that therefore, still more decidedly than in enteric fever, we have usually to fall back on the eruption for its diagnosis.

You will observe, then, that in the diagnosis of enteric fever, as compared with our old and familiar (but happily, not *of late* very familiar) typhus, I rely not so much on any of the characters of the fever itself, though these are often very peculiar and distinctive when taken all together; but chiefly, and in some cases exclusively, on the eruption. And the eruption I believe to be characteristic thus far, that when sufficiently abundant and well marked, it shows forth quite decidedly which of the two diseases is present. When scanty in amount, and present only for a short time, it sometimes leaves us in doubt, not only whether the fever present is typhus or enteric, but whether it is an eruptive or specific fever at all. Thus you saw that, in one of our four cases, I remained in suspense for two or three days, but was afterwards quite decidedly enabled to pronounce that the eruption was that of enteric fever. And as regards typhus, some of you may have observed that, in the two cases now in the ward, I did not for a single instant admit of a doubt. The eruption, being a well-marked one, was, to my mind, a conclusive evidence of the nature of the disease, without a single inquiry as to the symptoms or antecedents of the cases. The same perfectly distinctive character of the eruption, at the first visit, has often occurred to me in the case of enteric fever.

Now I presume you will ask, and you certainly will do well to ask, what proof can be presented that the two eruptions alluded to (admitting them, as I think you will do, to be distinguishable from each other in the great majority of cases) indicate two diseases, and not mere accidental varieties of one disease? I have already fully confessed to you that, unless the eruption makes the distinction, there is no sufficient and constant distinction in the symptoms ascertainable during life. Of course there is the additional *fact* of the ulceration of the Peyerian patches—by far the most noteworthy single fact, pathologically speaking, in the natural history of enteric fever. But it will not do to found on a fact like this in the matter of diagnosis; and, besides, after you have settled that there are cases of fever with ulcerated intestines, you have still to settle whether these cases are different in nature from other cases, in many respects similar, in which the intestines are not ulcerated.

Have we, then, here before us *two distinct fevers with two distinct eruptions, or only fever with two varieties of eruption?*—that is the question. Let us look at it, first, in the light of the six cases at present in the ward.

Two of these cases, I have already told you, were recognized, not by a careful investigation of symptoms, but simply by a single glance at the eruption, as cases of typhus. What is the history of these cases? They are two sisters of a family of five—namely, a mother, three daughters, and a son—who, with a lodger, occupied a house in St. Mary's-wynd, in the immediate neighbourhood of a large tan-work. Of these six persons, five[1] have had fever; and we know positively that in all of these it has been typhus with eruption. The brother and the lodger you may see for yourselves in the male fever ward; the mother was the very last case of typhus we had under treatment in our own ward, and it is now more than a month since she died (May 1st). We do not know whence this fever originated; there is some ground for suspicion that the mother was visiting a fever case in another ward in the hospital before she was attacked, but as I cannot trace the story distinctly we had better not insist upon it. Be that as it may, we have here evidently a group of five cases having a common contagion; and all of them prove to be typhus with distinct typhus eruption. Excepting this group, there has not been a single case of typhus in the infirmary, I believe, since the 25th of April, and then only one, from the New Town. In March, there was only one case—a girl from Dalkeith. In February, there was only one case—the last of a little group which, like the present group, was composed of typhus cases only. In January there were one or two other cases. In the Dispensary books I find no case of typhus recorded since March, except one of those which I have noticed as admitted here. So that for three months, at least (we may say confidently) Edinburgh has been almost clear of typhus fever, with the exception of the cases now enumerated.

As regards the four cases of enteric fever, I find that three of the four are apparently quite isolated cases. This is in accordance with what we know of this disease, which has much less tendency than typhus to run into groups of cases, and is, I believe, much less contagious, but in the fourth case we have got hold of a link in a chain or group of cases, and this time the locality is not in Edinburgh, but in Penicuick, a village at nine miles' distance. I can tell you nothing about these cases from my own experience; but, fortunately, they were seen by Dr. Thin, of Penicuick, who sent in the girl *as a case of enteric fever*, and assures me that her brother had the same fever, with a like eruption, in a severe form; and that other cases of the disease occurred in the same house. And I know that Dr. Thin's observation is most implicitly to be trusted upon this subject, because he was a most valued pupil of mine a few years since, and had ample opportunities of studying fever during his attendance in the Royal Infirmary. Nothing short of having seen these cases with my own eyes could give me more confidence than this in telling you that they actually were cases of unquestionable enteric fever. Now, besides the cases under observation at present, I find recorded in the books of the fever wards only one case of enteric fever in May, two in April, one in March, one in February, two in January—all, so far as known to me, isolated cases; and, further, I find the dispensary books quite void of any reference to the disease.

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[1] Another daughter, the only remaining person of this group of six, has since passed through typhus fever with distinct eruption, under our observation. (July 4th.)

Here, then, is the kernal of my argument. Fever has not been epidemic in Edinburgh for six months at least; on the contrary, it seems probable that there have been hardly a dozen cases of typhus in all, and about as many of enteric fever, in the entire town during the whole of that period. But five cases are found in a single household, and these are all, without exception, cases of eruptive typhus. One case of enteric fever is sent in from Penicuick, and forms part of a little epidemic or local visitation there, which we are assured by Dr. Thin, consists of enteric fever only, and not all of typhus, as distinguished by eruption. The two diseases are, therefore, as distinct as they can possibly be. No case of typhus has given rise to anything but typhus; no case of enteric fever has given rise to, or been associated with, anything but enteric fever.

Now this is only a small contribution to a kind of experience of which Dr. Jenner has availed himself with great care and exactness in the much greater field of London. Here, again, therefore, I may refer you to his paper, already mentioned, for further details. But there is this advantage in a small field, that you can be much more sure of exhausting your facts. No one can pretend to have had access to all, or nearly all, the fever cases of London, during however short a period. But in Edinburgh, Dr. Begbie and myself probably have seen, or have had the means of knowing about, very nearly all the fever cases; and, therefore, when I declare to you that, within my experience for ten years past, no instance has occurred of a decided origin of enteric fever in a group of typhus cases, or of typhus fever in a group of enteric cases, I am entitled to say that I have obtained very strong evidence in corroboration of the view, that these two diseases are, in reality, different diseases, and not mere varieties of the same disease.

Last summer I made a very careful survey of the whole fever field of Edinburgh (if I may call it so) for several months together. It was not an epidemic season; but I gathered about thirty cases of typhus and twelve of enteric fever, and into the whole details of these I inquired with the greatest possible minuteness, visiting every one of the fever localities, except one or two in which I was quite sure the cases were isolated. The result was that in no case could I light upon a suspicion that typhus had given rise to anything but typhus, or enteric fever to anything but enteric fever. The details of this inquiry you will find in the *Edinburgh Medical Journal* for September, 1859.

We had, however, in the infirmary a melancholy proof that although typhus cannot give rise to enteric fever, or enteric fever to typhus, it is possible for persons who have passed through enteric fever to take typhus very soon afterwards. Last summer we were unable to avoid, during a certain period, the association of the two diseases in the same ward in rather excessive amount. Now, mark what followed. No case of typhus was seized with enteric fever; but no less than four of the dozen cases of enteric fever were attacked within a few weeks with typhus, and I am sorry to say that the mother of a very interesting family of five (who all, except the father, passed through enteric fever) died of this secondary attack of typhus, caught beyond question from typhus cases in the ward where she was visiting her daughters. Both these daughters afterwards sickened of typhus; but although one of them was excessively debilitated, we succeeded in saving both.

Another young girl had the two diseases in succession, but in each case mildly.

I beg you to notice very particularly these facts; for not only are they full of instruction as to the danger of associating typhus cases with enteric fever, or indeed with any other fever, in the same ward, but they form the most conclusive of all possible proofs that the two diseases are distinct diseases. Typhus fever is not subject to a relapse; and it is a curious and indisputable law with respect to it, that it almost never attacks again, at least within a period of years, those who have had it before. Yet here we have three members of one family, within a few weeks, seized with two distinct febrile attacks, with two distinct eruptions, the attacks being separated the one from the other by a perfectly distinct convalescence. To make these out to be mere varieties of typhus fever would require the whole laws of that fever, as ascertained by innumerable observations here and elsewhere, to be set at nought in this particular instance.—*Lancet*, July 21, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Cæsarian Operation.—Prof. B. F. Barker recently performed this operation at Bellevue Hospital, on account of a contracted pelvis, the antero-posterior diameter of the superior strait being only two inches, the cavity of the sacrum was filled with a bony tumour. The child was removed alive, and is now living. It weighed nine pounds. The mother died on the fifth day after the operation.—*Am. Med. Monthly.*

Ovariotomy.—Dr. E. S. Cooper, of San Francisco, has successfully removed an ovarian tumour weighing eighteen pounds This is, he states, his third operation in San Francisco, and the only one which terminated favourably.

Diphtheria.—This disease is said to be prevailing fatally in Tompkins and the adjacent counties of central New York, and also to some extent in Westchester and Rockland.—*Am. Med. Times*, Jan. 12.

The Cold Wave of January, 1859.—The Smithsonian Institution, by means of its extended system of meteorological observations, has been enabled to make some very curious investigations respecting the three memorable cold days of January, 1859. It was found that the cold of the three days above mentioned swept progressively over the country like a wave, coming down from the Arctic regions, and first entering the territory of the United States at the extreme northwest, among the Rocky Mountains. It was experienced at Utah some three days before it reached the banks of the northern Mississippi, and was heralded by telegraph at Minnesota some two days before it reached Washington. At Buffalo it was some two hours in advance of Boston, and was felt last on the Atlantic Ocean, where it appeared to have vanished. This cold wave also swept south in a most remarkable manner, and progressively appeared in Florida and other Southern States and Mexico; and its last pulsations, as it died away in that direction, were experienced in Central America and among the West India Islands. Taken all in all, it was one of the most remarkable meteorological phenomena ever noticed, and the facts collected seem to prove that the originating impulse came from the extreme northwestern portions of the American continent.—*Drug. Circ. and Chem. Gaz.*, Jan. 1861.

Pennsylvania Hospital.—Dr. Edward Peace has resigned the appointment, which he has held for a number of years, as one of the surgeons of this institution, and the duties of which he has performed with great fidelity and skill.

Columbia College.—Professor Torrey has presented to this institution his immense herbarium with his valuable botanical library.

University of Maryland.—The Faculty of Medicine in the University of Maryland announce a summer course of lectures and clinical instruction, to commence on Monday, April 8, 1861, and to continue till the commencement of the winter session; there being, however, a recess in all but the clinical lectures, from the 30th of June till the 1st of September.

These lectures will be both theoretical and practical, and will be delivered under the following arrangement: Principles of Surgery, Prof. N. R. Smith. M. D.; Toxicology and Medical Jurisprudence, Prof. W. E. A. Aikin, M. D.; Diagnosis and Physical Signs of Disease, Prof Samuel Chew, M. D.; Diseases of Women and Children, Prof. G. W. Miltenberger, M. D.; Experimental Physiology and Microscopic Anatomy, Prof. W. A. Hammond, M D.; Hygiene and General Therapeutics, Prof. Edward Warren, M. D.; Practical Anatomy, Dr. J. H. Butler.

It is designed to make the above course eminently practical, and in a measure complementary to the winter course.

The clinical instruction will be given by the Professors of the University at the Baltimore Infirmary, which institution is entirely under their control.

The fee for the entire course of instruction is $50; or, if taken separately, $10 for each branch. The clinical ticket is free to all matriculates of the University; to others the fee for the summer will be $5.

In addition to the above, Prof. Hammond will deliver a course of fifteen lectures on Military and Naval Surgery, which will be free to those taking a full course of instruction; to all others the fee for these lectures will be $10.

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The Berkshire Medical Journal.—This is a monthly journal of 48 pages, at two dollars a year, published at Pittsfield, Mass., and edited by Wm. Henry Thayer, M. D., and R. Cresson Stiles, M. D., Professors in the Berkshire Medical College, the first number of which appeared last month. This number is almost entirely occupied by a very good paper on diphtheria, by Dr. Thayer.

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Baltimore Journal of Medicine. — The first number of this journal was issued last month. It is conducted by Dr. Edward Warren, and is to appear bi-monthly.

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A Systematic Treatise on the Injuries and Surgical Diseases of the Scalp, Skull, and Brain, and its Membranes.—Prof S. D. Gross announces that he is now engaged in preparing a work under this title, and requests the co operation of his professional brethren, by furnishing him such cases, and practical reflections as may have arisen in the course of their experience.

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Dr. Horatio R. Storer, a pupil of Dr. Simpson, and a highly accomplished physician, has opened, we see it stated, an establishment for the treatment of the diseases of females, at Blue Hills, Milton, Mass.

FOREIGN INTELLIGENCE.

Recent Death in Paris from Inhalation of Chloroform—A man, twenty-six years of age, applying to be relieved of the intolerable suffering caused by an in-growing nail, M. Fano proposed to him the inhalation of chloroform, in consequence of the very painful character of Dupuytren's operation for this, which it was intended should be performed. To this the man cheerfully agreed, bearing in mind the terrible pain caused by a similar operation performed upon him, without anæsthetics, some time since, by M. Jobert. The patient was operated upon at his own house, with the aid of his ordinary medical attendant. He was laid horizontally upon his bed, in front of a widely-opened window, looking into a spacious court-yard. A sheet of note paper was rolled into a triangular receptacle for charpie, upon which some drops of chloroform were placed. This was applied to the nares, the mouth being left completely free, and the condition of the pulse being most carefully watched. No effect having been produced after two minutes, some more drops of the chloroform were added, and the respiration became slower. Soon after this he became restless, tossing his limbs about, rising on end in order to get away, and repeating unconnected words. Pinching of the arm showed that sensibility remained; and as the pulse continued good, some chloroform was again dropped on to the charpie. The agitation soon disappeared, and a state of resolution followed. The inhalation was discontinued, and the division of the nail and the wrenching off of the two portions were rapidly executed. As this was finished, a moan was heard, and the patient was found to be pale and pulseless. Cold water was thrown into the face, the forehead was washed with vinegar and water, and interrupted compression was applied to the thorax, in imitation of the mechanical phenomena of respiration. At the end of some instants the patient performed some respiratory movements, without the pulse becoming anywise sensible at the wrist, or there being any return of feeling or consciousness. The respiratory movements soon ceased, and M. Fano, opening the patient's mouth widely, passed his finger into the pharynx, tickling the uvula, and drawing forwards the base of the tongue, so as to raise the epiglottis. The movements of artificial respiration were also again practised, the patient also executing a few inspirations—neither the pulse or heart's action becoming sensible. Mouth to mouth artificial respiration was now executed, and frictions were diligently persevered in, but all in vain. The autopsy exhibited old adhesions of the lungs to the thorax, and pulmonary apoplexy.—*Gaz. des Hôp.*, No. 142.

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Diphtheria.—M. Aubrun has communicated to the French Academy of Sciences a memoir on the treatment of diphtheria by the perchloride of iron, in which he claims to have cured thirty-five out of thirty-nine cases treated by it. He prescribes from twenty to forty drops of the tincture of perchloride of iron (according to age) in four ounces of cold water, and of this the patient is to take a dessertspoonful every five minutes during the day, and every quarter of an hour during the night, each dose being followed by an equal quantity of milk. He permits no other form of nourishment than milk. Generally, he says, towards the third day the false membranes begin to soften, and become detached.

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Tincture of Iodine in Acute Superficial Phlebitis.—The Russian medical journals have lately published several cases illustrative of the good results of the external employment of tincture of iodine in acute superficial phlebitis. One of the examples cited is of sufficient practical importance to merit translation: "A peasant, of robust frame, and of about thirty years of age, was attacked with pleurisy, and in consequence bled in the arm. During the evening succeeding the venesection, pain, redness, and swelling appeared both in the neighbourhood of the wound and over the surface of the limb. Five days after the bleeding, as these symptoms had progressively increased in gravity, resisting treatment, the patient was admitted into the Hospital Marie at St. Petersburg. Dr. Spoiret, author of the collection of cases, and chief medical officer of this establishment, found the whole arm enormously swollen, the skin tense and dark-red in colour; in the situation of the vein implicated was seen a broad line of a livid violet hue, to the touch feeling hard, cord-like, and pressure occasioning great pain. The swollen and discoloured track could be followed to the armpit, evidencing an inflammatory condition of the brachial vein. Violent fever was likewise present, with a hard wiry pulse, headache, thirst, and constipation. A treatment of leeching, mercurial unction, fomentations, purgation, and muriatic acid mixture, pursued for four days, proving utterly ineffectual, the fever having increased in gravity, and symptoms of purulent infection setting in, a total change was ordered in the *régime;* and whilst sedatives were administered internally, free applications of tincture of iodine, renewed every three hours, were freely made along the whole course of the inflamed vein. At the end of two days the inflammation had considerably abated; a kindly suppuration commenced, and the case did well." Although bleeding, like duelling and such other relics of barbarism, is daily becoming less and less common in England, the one yielding to the advance of science and the other to the march of civilization, and although the term "leech" is becoming daily less and less true in its application to members of our profession, still cases of phlebitis from superficial injuries in unhealthy subjects are far from being rare, and the above citation from the Russian medical *Zeitung* I deem quite worthy the attention of your readers.—*Lancet*, Dec. 22, 1860.

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Delivery of a Living Child Thirteen Months after Ovariotomy.—Mr. Geo. Risdale communicated an example of this to the Obstetrical Society of London, Dec. 5, 1860. The child was delivered when the pregnancy had advanced to the eighth month. The mother and child have gone on well. The age of the mother was forty-three years. The fact that well-authenticated cases of childbirth after ovariotomy are rare had induced the author to lay the case before the Society.—*Lancet*, Dec. 15, 1860.

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Disinfecting Fluid for Sloughing Wounds.—M. Hervieux has read a paper before the Society of the Hospitals of Paris, wherein he proves, by cases, the cleansing and disinfecting properties of chloride of lime. He advises that a sponge moistened with a solution of chloride of lime be kept on the wound by means of a loose roller. The solution is composed of one part of the chloride to six or ten of water, according to the case; and the sponge should be charged three or four times a day. The results are described as wonderful.—*Ibid.*

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The Comparative Appreciation of Sound by Human Ears.—The sensibility of the human ear for the pitch of musical notes has been recently illustrated. M. Fessel, of Cologne, on testing the new Parisian tuning-fork, observed that he heard differently with his two ears, the note heard with his right ear being somewhat higher than that heard with his left. On examining his musical friends, he has not yet found one, even amongst part musicians, whose ears are precisely alike in the estimation of the pitch of musical notes.—*Ibid.*

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Medicine in Prussia.—The medical staff of Prussia, according to the last survey, at a population of 17,739,913 inhabitants, amounts to 358 district physicians (these are paid by government, and have to attend the poor gratis), 4327 physicians who have the degree of doctor, 996 surgeons of the first class, 643 of the second class, 1020 doctors for animals, first and second class, 1529 chemists, and 11,411 midwives.—*Ibid.*

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Anti-Tobacco Movement.—At a meeting of the British Anti-Tobacco Society, lately held in Edinburgh, Professor Miller moved the following resolution: "That as the constituent principles which tobacco contains are highly poisonous, the practices of smoking and snuffing tend in a variety of ways to injure the physical and mental constitution."

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Contemplated Proscription of Smoking in the French Schools.—It is said that a circular is about to appear from the Minister of Public Instruction, ordering the adoption in all colleges and public institutions of the severest measures against the use of tobacco and the introduction of cigars. Reports have been laid before the Minister showing that the pupils smoke from eight to ten cigars a day, and that both the physical growth and intellectual development of many of these pupils are seriously impeded.

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Climate of Malaga.—Much has been recently stated regarding the curative influence of the climate of Malaga upon disease. Some late authorities likewise assert that it is superior to many other southern localities which at present enjoy very high reputations as salubrious retreats for invalids. Without going into any lengthened medical discussion on so professional a subject, since a holiday tour is not the proper arena for such investigations, the physician who now speaks would nevertheless briefly say he very much doubts the correctness of any opinion promulgated in reference to the advantages which Malaga really possesses as a salutary residence, especially for consumptive patients. Pulmonary disease frequently prevails in the city and its vicinity, and is proved from this conclusive fact—namely, that out of 1469 deaths recently reported to have taken place during nine successive years in the general hospital, 596 fatal cases, or upwards of forty per cent., arose from pectoral maladies. If affections of such a description so frequently originate, and thereby also prove fatal in this locality, it cannot surely become sanative to those coming from other countries, especially having the germs of thoracic complaints already manifested in their constitutions. The winter may be mild compared with more northern regions, but it seems curious that the greatest amount of sickness occurs during December and January; while in summer the heat, dust, and dryness of the atmosphere, always most injurious to phthisical persons, are then nearly unbearable. In short, the climate of Malaga has been much overpraised. It cannot be recommended, like Hyères in France, or even some places in the south of Ireland and Devonshire.—*From a Physician's Holiday Tour in Spain.*

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Dr. Jas. G. Hildige on the Hofrath.—Dr. Hildige, of Dublin, has written the following letter to the editor of the *London Medical Times and Gazette.* Sir: As the ophthalmic establishment of Herr de Leuw has recently been the subject of comment in your valuable journal, and as numerous *brochures* have been from time to time published vaunting it and its proprietor to the skies, perhaps the following cases which have lately come under my observation, and which illustrate the "clear and decided diagnosis in obscure and difficult cases" of the learned Hofrath, may not be uninteresting to some of your readers.

Case 1. The wife of the Rev. Mr. ——, of Montpelier-hill, in this city, consulted Herr de Leuw some eighteen months ago. She complained of dimness of vision, dull pain in the eyeball, and intolerance of light. On examination the case was pronounced by Herr de Leuw to be cataract, and a liniment to be rubbed into brow and temple was prescribed, for the purpose of "dispersing" it. Although the Hofrath's suggestions were scrupulously carried out during two successive summers, not the slightest improvement of vision took place (which was not in accordance with the prognosis that had been given), and eventually the patient was dismissed with the advice to try her native air. She consulted me on the 20th of July last, and on examination with the ophthalmoscope I found the following appearances: Hypertrophy, with increased tortuosity, of the vessels of both retinæ. In the neighbourhood of the macula lutea the pigment was absent, and the vasa vorticosa were visible in several places, particularly immediately under the optic papilla. There was not then, nor is their now, the slightest opacity of either lens or capsule, and the lady can still read No. 6 of Jäger's test-type without glasses.

Case 2. Mrs. ——, of Westmeath (sister of the above), called on me at the commencement of last summer, and stated that she was *en route* to Graefrath to have her cataract dispersed; both eyes were affected with incipient cataract. As I informed her, in reply to her questions, that I was unable to remove cataract by means of external applications, she continued her journey to Graefrath, where she passed the summer, rubbing in the liniment prescribed for her. She has recently returned to Ireland with both cataracts almost completely formed, notwithstanding Herr de Leuw's assertion that her eyes would "become good" without an operation.

Case 3. The lady of Alexander ———, Esq., J. P., of this city, consulted Herr de Leuw about ten months ago, suffering from incipient cataract of both eyes. The usual liniment was prescribed for her, and she was assured that her eyes would get better without an operation. She remained four months under treatment at Graefrath, leaving it blinder than ever, and one of her cataracts perfectly formed, was extracted by me no later than ten days ago.

With regard to "the distinguished Viennese oculist, who formerly disbelieved the possibility of cataract being absorbed and who has lately, in an appendix to his work, admitted its practicability," I would venture to offer a remark. The latest works on Ophthalmic Medicine emanating from Vienna, are by Professors Arlt, Edward Jäger, and Stellwag. During a ten months' residence in Vienna I had frequent opportunities of conversing with those gentlemen on the subject of dispersing cataract by means of medicines, employed externally or internally, and they one and all assured me that they considered the idea chimerical and absurd in the highest degree. Since reading Dr. Lee's article I have carefully looked over the most recent publications of those gentlemen, and I must say I cannot find any statement which would lead me to suppose that they have changed their opinions.

The "secret" of the palm-oil liniment is now becoming so universally know among ophthalmic surgeons, that any further attempt at secrecy on the part of the Hofrath is simply ridiculous.

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Prizes of the French Academy for 1860.—We find in the *procès verbal* of the French Academy of Medicine the following instructive reports on the prizes which have been offered for 1860. For the prize of the Academy, 1000 francs—on the question, As to the best Means of avoiding Accidents from Chloroform—five memoirs were sent in by competitors; no prize given, but M. Faure is encouraged by a sum of 600 francs. For Baron Portal's prize of 600 francs, on Vascular Obstructions in the Circulatory System of the Lungs, one memoir was presented; the said memoir was not adjudged worthy of the prize, but its authors, Drs. Charcot and Benjamin Ball, were presented with 600 francs. Next comes the prize of Madame Bernard de Civrieux; the subject, The Influence of Chloro-Anæmia on Nervous Excitement; value 2100 francs. For this prize sixteen athletes struggled; but, alas! still in vain. The Academy could adjudge the prize to none of them. But still it recompenses the struggles of the competition, by decreeing to Dr. Simon 900 francs, to Dr. Mordret 900 francs, and to Dr. Zurkowski 600 francs, and it also makes honourable mention of four others. Baron Barbier's prize of 2000 francs elicits two MS. and three printed memoirs; but, not one of the authors having fulfilled the prescribed conditions, they are summarily dismissed from consideration, "without any kind of recompense." At last we arrive at a successful candidate, Dr. Semelaigne, who carries off the triennial prize of 1500 francs of Dr. Lefèvre; his subject being, The Diagnosis and Treatment of Melancholy. One of M. Capuron's prizes of 1000 francs is carried off, but the other not. M Orfila's prize, on the subject of Poisonous Fungi, elicits two memoirs, but their authors get neither prize nor encouragement. If we might draw any conclusion from the above rather remarkable facts, it would be this—that men cannot work at science by the piece or yard, and do things to order with great *éclat*. Men's genius finds its own particular bent, and operates most effectually in that one direction. Might we not, therefore, venture to suggest that prizes would be more wisely given if distributed to those who, working *con amore*, at their own selected subject, have produced a work useful to the science of medicine?—*Med. Times and Gaz.*, Dec. 22, 1860.

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Spiritualism. — What is spiritualism? We presume the apostles of this ancient delusion, by way of making good its claims to a rank amongst sciences, will reply, What is gravitation? We do not know gravitation in its essence; we can but observe and reason upon its phenomena. Well, then, what are the phenomena of spiritualism? The most remarkable are table-rapping, table-moving, and clairvoyance. Odd people, having abundance of faith—for we shall presently see that unquestioning credulity is the indispensable condition for appreciating these phenomena—affirm (and we do not doubt their word) that they hear tables rapped, and see them piroutte and dance, but do not see the rapper or the mysterious ballet-master. This is what they see and what they do not see. But they are not content with the enjoyment of witnessing these feats of legerdemain. They must needs bring minds ignorant of physical science, and unskilled in the analysis of evidence, to the unequal task of accounting for and deciding upon the nature of the invisible forces which rap tables and make them jump. And, still more strange, they confidently relate their conclusions—the mental deductions by which they arrive at the opinion that no physical agency was at work in producing the only phenomena of which their senses were conscious—namely, the rapping and the dancing—as a fact of their own personal *experience!* "Sir! do you presume to insult me by saying I didn't see the table dance, and by doubting my word when I tell you that nobody moved it or could move it?" This is the indignant logic of the spiritualist. He confounds what he sees with what he cannot see and only infers, and relates the jumble as unquestionable experience. Formulized, the spiritual proposition is this: The table was seen to dance; tables do not dance unless some compelling power, physical or spiritual, be applied to them; no physical power could be detected in action by the observer; therefore the moving power was spiritual. *Q E. D.* The weak point in this argument is, that it does not follow, because one observer, or a dozen, or a hundred, failed to detect a physical power operating upon the table, therefore no such power was applied Other persons more acute might have detected it. Moreover, we cannot be expected to surrender, at the hot summons of a few score of purblind enthusiasts, the long experience we possess of the physical laws of the universe. Experiment and observation have long taught mankind that motion is the result of physical force. We can, by setting in action various modifications of physical force which are at our command, produce a great variety of motions We have no example, except in the apocryphal experiences of the spiritualists, of any power that is not physical producing motion. We know of no kind of motion that cannot be satisfactorily explained by the action of physical forces. We are not, therefore, placed under the smallest necessity of seeking beyond these for the cause of motion. The universe is obedient to physical forces. If spiritual forces could be supposed to operate anywhere, it would surely be in those ethereal regions of space far beyond the reach of this gross material earth. Not many years ago, two profound philosophers sitting in their cabinets, one at Cambridge, the other in Paris, announced to the world that if the heavens were searched in a point they exactly indicated, a new planet, hitherto unknown and unsuspected by astronomers, would be discovered. Neither pretended to have seen the planet; it was known that they had taken no means to see it; all they said was, Let those look who have telescopes, and there they will see the planet.

Astronomers looked, and with admiring awe beheld. Now suppose that astronomers were credulous spiritualists, and that Adams and Leverrier had chosen to suppress the methods by which they had mentally discovered their planet, with what assurance might not these sagacious mathematicians have pretended to a gift of clairvoyance, which had enabled them from their closets, through millions of miles, to see with the soul's eye that orb hidden to ordinary mortals, and even beyond the ken of their own material senses? Has clairvoyance any feat to record comparable to this? The most cunning medium soars no higher than to read blindfold; to look into your chest or your stomach; to tell you what is passing in some distant spot; and, perhaps, to call up the spirit of Shakspeare and consult him upon any foolish matter that may be propounded. Their revelations must be accepted as they are uttered; for you have no opportunity, like the astronomers, of verifying the truth or falsity of what they say. There may be an ugly ulcer in your stomach, but you don't feel disposed to submit to vivisection in order to convince the bystanders. And when put to a test that does admit of verification, the medium fails. These gentry avowedly practise their art, and maintain their *rapports* with the world of spirits, for pecuniary motives. They live by their profession. Yet if you inclose a bank note, which they would willingly clutch, in an envelope with proper precautions, they cannot tell you the number, although they might have it for the information. In the emergency they call their familiars from the vasty deep, but the spirits will not come, and your bank-note is safe. The late Sir Philip Crampton deposited a sealed note for £100 for a whole year in a bank at Dublin as a reward to the medium that should reveal the number. He had hundreds of guesses, but no true revelation. The year passed, and the worthy baronet's balance was not diminished. In these days of political convulsions, any man might make an easy fortune if he could but anticipate the electric wires, and learn what was going on abroad. But no such fortunes are made by unhappy mediums. The poor creatures are fain to be content with eleemosynary half crowns extorted from *gobe-mouches* for telling them most absurd and unprofitable things. Their conduct in this respect, indeed, is a miracle even greater than table-moving. If we exclude the hypothesis of imposture, then we must regard mediums as exemplars of such transcendental virtue as the world has never seen. They are eager to clutch half-crowns as fees for the exhibition of trumpery tricks, and at the same time practise the sublime of self-denial, by remaining poor whilst possessing the means to compass fabulous wealth and boundless power.

There is one transparent proof of imposture or hallucination; the utter barrenness and uselessness of all these degrading superstitions. What good does it do to make a table dance? It is not the proper function of a table. At sea, lest tables should indulge in inconvenient vagaries of this kind, they are lashed to the decks. Of what use is it to know what Shakspeare's ghost thinks upon a given question in history or morals? Why pay a medium to be told what is contained in a sealed envelope, when you have but to break the seal and know with absolute certainty? Your medium is impotent to see more than other men where the question is to benefit himself or society. Not a fact, not a discovery, do we owe to the brotherhood of visionaries. Can they who can read with the umbilicus, see through a mahogany door, and converse with spirits, tell us who is the murderer of that poor child at Road? Or is this an example of murder by spiritual forces? No one saw the deed done; no physical agent can be detected. Therefore some spirit did it. The spirit that can make a table leap, can cut a throat. Is not the logic perfect? Now, since mediums are spirit-compelling, let one of them place himself *en rapport* with the immaterial criminal, and put an end to that incubus of mystery that oppresses and appals the public mind. We are far from wishing to suggest that mediums will constrain their familiars to commit murder as well as to move tables. But does it not strike well-meaning clergymen and others who patronize the spiritual delusion, that if one thing is possible so is the other; and that to promulgate the theory that material acts can be done by immaterial agents, is to complicate very seriously the rules of evidence, and to endanger those laws upon which the safety of society reposes? We do not, indeed, apprehend any such result, because a preliminary condition is that the majority of the world shall sink to the degraded intellectual level of the believer in spiritualism. But certainly the result we have alluded to must follow, if the ravings of clairvoyance were generally accepted as demonstrated truths of nature.

We have adverted to this subject with a reluctance that amounts to loathing. It is a lamentable task to be called upon to notice seriously a moral epidemic, even upon a limited scale, which implies such an utter defect of reasoning power—such debasing superstition; and that, too, in men and women who claim to belong to the educated classes. In our self-conceit, we deplore the ignorance of our forefathers who hanged and drowned witches. But wherein lies the difference between the witches of old and the mediums of to-day? They do the same things, by similar pretended agency, and what they do is of equal value to society. We do not propose to hang mediums; but in the name of common sense, and for the credit of the nineteenth century, let them starve or find an honest livelihood.—*Lancet*, Oct. 20, 1860.

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Hôpital du Midi.—M. CULLERIER has been appointed the successor to M. Ricord at this Hospital.

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British Medical Journal.—DR. ANDREW WYNTER, who has edited this journal with so much ability during the past three years, has resigned, finding it impossible to please two thousand proprietors, the members of the association. Dr. Markham has been elected editor in his place. Dr. M. must be a courageous man to accept the appointment, which is little likely to prove a bed of roses.

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Professors of the Faculty of Medicine of Paris.—The following is a list of the various professors of the Paris faculty for 1860-61: Medical Physics, Gavarret; Medical Pathology, Guillot; Operations and Apparatus, Malgaigne; Medical Chemistry, Würtz; Anatomy, Jarjavy; General Pathology and Therapeutics, Chauffard, as substitute for Andral; Surgical Pathology, Denonvilliers; Medical Clinic, Bouillaud, Piorry, and Rostan; Surgical Clinic, Laugier, Jobert, Velpeau, and Nélaton; Obstetric Clinic, Paul Dubois.

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French Medical Students, Session 1860-61. The inscriptions for 1860-61 amount to 1196—viz., 1132 for the Doctorate, and 64 for the lower grade of *Officier de Santé.* In 1859-60 the inscriptions amounted to 988.

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Longevity of Paupers.—There are at present in the Ratcliff and Wapping Workhouses of the Stepney Union 69 inmates whose collective ages amount to 5538 years, giving an average of 80 years for each inmate, and 292 persons in the above-named Workhouses of the Stepney Union whose average ages are 70.—*Med. Times and Gaz.*, Dec. 1, 1860.

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Spontaneous Generation.—M. PASTEUR, the untiring antagonist of M. Pouchet, has recently made a communication to the French Academy of Sciences, which seems to completely overthrow the theories of the latter physiologist. M. Pasteur's experiment tends to establish that the air is certainly, under ordinary conditions, full of the germs of those entities which M Pouchet supposed to be produced by spontaneous generation, and that the number of these germs contained in the atmosphere diminishes in a regular proportion on rising above the sea level. Thus, for example, the air taken on the heights of the Jura contained few if any germs; that of the plain below the chain of mountains being rich in the usual atmospheric corpuscles.

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Lunacy in Belgium.—Belgium possesses 51 establishments for the insane—6 in the province of Antwerp, 11 in Brabant, 6 in West Flanders, 16 in East Flanders, 6 in Hainault, 4 in Liege, and 2 in Limbourg. The kingdom reckons 4,907 insane out of its 4,500,000 inhabitants, or 1 in every 920.

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OBITUARY RECORD.—Died on the 27th of Dec., 1860, EDWARD RIGBY, M. D., President of the Obstetrical Society of London, aged 56 years. Dr. R. was one of the most eminent, skilful, and highly esteemed obstetricians of London.

——Dec. 1, of endocarditis, DR. FRANCOIS BROUSSAIS, last surviving son of the celebrated Broussais, and himself an author of many valuable articles in the medical journals.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Umbilical Scirrhus.—A woman, aged 60, recently entered M. NÉLATON's Clinique, and furnished him with an opportunity of describing an affection which, though undescribed in books, it is of importance to recognize in practice. Having a tolerably healthy appearance, she presented in the umbilical region, opposite the navel itself, a small globular and pretty regular tumour, having a diameter of about 2½ centimètres, and surrounded by a circular furrow. The skin covering the tumour was violaceous and adherent, but the parts beyond the furrow were quite healthy. Mr. Nélaton indicated that the tumour was not superficial, as on cursory examination it seemed to be—for in all similar cases he had found a pedicle stretching more or less deeply inwards. Originating in the cicatricial tissue, it is usually propagated along the umbilical fibrous tissue to the peritoneum, just as though it were a nail inplanted in the substance of the abdominal wall, its globular, external part representing the head, while the point stretches towards the peritoneum. These tumours are scirrhous in their nature, but their entire removal endangers the peritoneum. In some subjects the tumour assumes another disposition, the pedicle, having reached the inner side of the abdominal wall, expanding and invading the subperitoneal and peritoneal tissues. There is, therefore, in such an expansion at each extremity of the stalk of the tumour, a subcutaneous and a subperitoneal expansion—the shape of the whole resembling that of a shirt-stud, the contracted portion of which would correspond to the navel. At first M. Nélaton believed

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that the woman presented an example of this variety of the tumour, as a deep-seated induration was perceptible. A more detailed examination proved that this was due to a voluminous fibrous tumour occupying the fundus of the uterus, the existence of which the patient was not aware of. M. Nélaton determined that he would undertake no operation in this case. In the first place, the complete removal of the pedicle of these tumours, owing to their close connection with the peritoneum, is a hazardous procedure; and in all former attempts at ablation he has had to make the excision of the tumour amid the cancerous tissue itself. Next, experience has taught him that the progress of this description of cancer is extremely slow, it being essentially chronic, while it exerts no contaminating influence upon the neighbouring parts or upon the general economy. Another practical observation upon abstaining from interference was made by M. Nélaton in relation to the uterine tumour. As long as the woman continued to menstruate she had very frequently suffered from hemorrhages, but these had ceased since the menopausis had taken place. She was thus rid of that which constitutes the chief danger of these fibrous bodies. It is, then, of importance to bear in mind that the cessation of the menses is accompanied by the cessation of the hemorrhage, and even of the pains symptomatic of the presence of fibrous tumours of the uterus; but then it is to be also remembered that the menopausis does not take place until a much later period than is the case in women in good health.—*Gazette des Hôpitaux*, No. 74, 1860.

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Maisonneuve's Extemporaneous Ligature.—A man presented himself in May last at the Pitié Hospital with a malignant tumour of the verge of the anus, of the size of a fist, which penetrated into the interior of the bowel for one inch and a half. This being the second recurrence of the growth, M. Maisonneuve resolved to remove it by the extemporaneous ligature, which operation was performed as follows: The skin around the tumour was first incised to the depth of the cellular tissue. Seven threads were then passed through the tumour, on a level with the line of incision, at intervals of half an inch, one end of each thread coming out at the anal orifice. Each of these threads was then used to draw round the tumour a number of loops of very strong twine. The mass was thus surrounded by a series of loops, the double ends of which were passed into as many constrictors. By twisting the latter, the loops divided the soft part, which they embraced without causing any hemorrhage. The wound left after the ablation of the tumour was dressed with simple applications; and when the patient was freed from the fecal incontinence which followed the great loss of substance of the lower end of the rectum, the wound healed favourably, and the patient soon left the hospital. This mode of using a series of twine écraseurs has some analogy with the method, often practised in this country, of strangulating a tumour subcutaneously.—*Lancet*, Jan. 26, 1861.

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Muscular Atrophy following Acute Rheumatism.—E. S., a single woman, was first admitted as an out-patient of Westminster Hospital, under the care of Dr. ANSTIE, about September 20, 1860. She had formerly been a servant, and had enjoyed excellent health until about three months before the date of her application to the hospital, when she had a severe attack of acute rhematism, which affected all the large joints. She recovered well enough from this, except that a considerable pain and a great sense of numbness and weakness of the left wrist and hand persisted. She soon found that the thumb of the affected hand had lost its opposing power, and that the ball of the thumb was wasting. The wasting progressed rapidly, and, as the thumb continued powerless, she applied for relief.

On being first seen she presented the general aspect of health: was of clear complexion and healthy colour, and tolerably stout. No complaint whatever was made by her, except as to the left wrist and hand. The hand and wrist were constantly very cold—not merely to her own sensations, but in actual temperature—and of a livid colour. Common sensibility in the surface was much reduced; but, at the same time, there was constant aching pain, which at times, but not often, extended up the whole forearm, not, however, following the track of any single nerve. Anything which for a time raised the temperature of the part, such as long-continued friction, also temporarily alleviated the pain. The wasting of the muscles of the ball of the thumb was complete, there being absolutely no thenar eminence at all. The extremity of the thumb was also slightly flattened, and the flexor tendons seemed a little shrunken. The sensation of cold and numbness extended to the whole hand, which was slightly weak; the opposing power of the thumb was quite gone. There was no particular tendency of the wrist-joint, nor could any be traced in the course of either median or ulnar nerve. The pulse of the left wrist seemed somewhat weaker than that of the right.

The most careful inquiries could elicit nothing whatever to account for this curious condition. No history whatever of any exposure to the influence of lead, nor any signs of its presence in the body could be traced. There was no history of any injury to the arm, nor could any tumour or other source of pressure on a nerve or vessel be discovered.

The case was from the first, of course, a very unpromising one. There seemed absolutely nothing to be done in the way of treatment except to put in force various measures to increase the constant circulation of the part. Long-continued friction, with the use of stimulating applications seemed to do no permanent good whatever. The patient tried a variety of these measures, combined with the use of steel medicine, in vain, and at last it was determined to admit her into the house so as to have her more constantly under observation.

On November 15 she was admitted under Dr. Anstie's care. She was ordered to keep the hand and arm immersed in water of as high a temperature as she could bear for half an hour every night and morning (holding the arm *dependent*) and to follow every such bath with friction and passive movements, continued for a long time. This plan was persevered in for more than a month, during which time, unfortunately, a slight recurrence of general rheumatism took place which had to be combated by alkalies, iodide of potassium, and subsequently quinine. (This new attack of rheumatism did not involve the weakened hand.) No good result following this long continuance of the local hot bath, and it was then determined to try the effect of the instrument known as "Junod's boot," which by inclosing the paralyzed extremity in a chamber exhausted of air, causes a great flow of blood to the part, which can be kept up so long as the apparatus remains on. For the first two days the instrument was kept on three hours at a time, but this produced no effect, the limb did not even get sensibly warmer, although it seemed highly congested. After this the boot was allowed to remain on ten hours at a time, and the effect of this prolonged application was to greatly relieve the pain and numbness, and to induce a feeling of comfortable warmth and perspiration, which lasted all the following night. From this time forward for ten days the application of the boot was continued for ten hours each day; but at the end of that time not the slightest advance was found to have been made as regards the restoration of the atrophied muscles, and there was still a complete absence of power to perform the motions of abduction, opposition, flexion of the first phalanx, or adduction of the thumb. All the muscles of the ball of the thumb seemed to be wasted past the hope of recovery, consisting apparently of mere thin layers of fibrous tissue. The case was given up as hopeless, and the patient dismissed.

Dr. Anstie remarked that it was curious that in this case all the four muscles of the thenar eminence should have wasted. Considering that their nervous supply is derived from two sources, the median and ulnar, the theory of pressure on a nerve by some rheumatic deposit is insufficient to account for the atrophy; nor can we explain this by any amount of obliteration of vessels which we can imagine possible as a consequence of the rheumatic affection. And yet the tendency to waste is so strictly localized to these particular muscles, and is so entirely absent in other parts of the muscular system of the patient that it seems incomprehensible as a mere result of general rheumatic poisoning. With regard to the treatment adopted, it may be noticed that iodide of potassium was taken for nearly three weeks in pretty full doses without producing the slightest benefit. Various stimulants to the muscles were at first employed, though not the sulphuret of potassium which Dr. Ramskill recommends. Electricity seemed entirely contra-indicated, and indeed would probably have only increased the mischief, if that were possible, by exhausting the small remaining contractile power which might still linger in the wasted muscles. And, finally, the ill success of the "congestive" treatment, which is often found so useful in the restoration of atrophied muscles, affords an illustration of the truth of Virchow's remark, that "the greater or less quantity of blood which flows through a part is not to be regarded as the only cause of the changes in its nutrition," and that, "we cannot, by offering a larger quantity of nutritive material, *compel* a part to take up more than it did."—*Med. Times and Gaz.*, Feb. 2, 1861.

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Reduction of Hernia, assisted by placing the patient on his head.—J. F., aged 49, was admitted into King's College Hospital, under the care of Mr. Bowman, January 9, 1861, at six A. M., with a large inguinal rupture on the right side. He stated that the hernia had existed twenty years, and that he had always worn a truss during the day. He said that two years ago the hernia came down, and not being able to reduce it himself, he applied at a London Hospital, where taxis was applied, and at the end of an hour and a half was successful. The history of the present strangulation was that on waking at four A. M. he discovered that the rupture was down, and failing to reduce it himself after prolonged attempts, he at once proceeded, with great difficulty, to the hospital.

On admission there was a large inguinal hernia of the right side, firm and irreducible. There was also a much smaller inguinal hernia on the left side. Taxis was immediately applied, first without and then with the aid of chloroform for about twenty minutes, but it was unavailing. He was then placed in bed, the thighs flexed, and a bladder of ice applied over the swelling.

At nine A. M. Mr. Bowman saw the patient. He had vomited bilious fluid, and was shivering violently, with great anxiety of countenance. The swelling was somewhat more tense, and apparently not yielding the least to attempts at taxis when the patient was on his back with his thighs fixed. It seemed advisable to proceed at once to an operation; but before doing so, Mr. Bowman determined to try the plan lately advocated, viz , placing the patient on his head and shoulders, the pelvis being raised and in a vertical position. The tumour had not been compressed between the hands for more than half a minute, before a portion of gut suddenly receded, reducing the tumour to three-quarters of its bulk; but although further attempts to reduce it were continued three or four minutes longer, they failed while he was in this position. It was, however, completely reduced soon after by the ordinary method of taxis.

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Injury to the Eyeball.—A man aged forty-five was admitted into the Royal Westminster Ophthalmic Hospital, under the care of Mr. Jabez Hogg, Nov. 2d. On the morning of admission he received a violent blow over the left eye from a heavy harness strap and buckle. Upon examination it was found that the anterior chamber was nearly filled with blood, the pupil dilated to the fullest extent, and motionless. Could not distinguish daylight; was suffering much from the pain and photophobia. Mr. Hogg decided upon division of the ciliary muscle, and at the same time to cautiously open into the anterior chamber, to evacuate the blood, and thus relieve the pressure upon the iris. The operation answered the purpose admirably; in a few hours all the pain had subsided. The next day all the blood had disappeared, and on the second day he was discharged, his sight having been completely restored, no distortion whatever of the pupil remaining.—*Lancet*, Feb. 2, 1861.

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LECTURE.

Clinical Lecture on the Diagnosis of Tumours of the Breast.—Delivered at University College Hospital, by JOHN ERICHSEN, Esq., Professor of Surgery and of Clinical Surgery. GENTLEMEN: in my lecture last week,[1] I brought under your observation the subject of the diagnosis of various forms of abscess of the female breast from cancer of that organ; and to-day I shall continue the same subject in connection with cystic and adenoid tumours.

These cystic growths, though not so common as cancer and the other solid tumours, are yet of by no means infrequent occurrence. They are of three distinct kinds: 1. Those in which the tumour consists of a single unilocular cyst; 2. Those which consist of several independent cysts aggregated together into one tumour—multilocular cysts; 3. Those in which a series of small cysts are diffused through a fibrous or hypertrophied mass; in fact, a combination of cysts with a chronic mammary tumour. Two theories are in vogue as to the origin of this form of cystic development. According to one set of pathologists, it is produced by the obstruction and subsequent dilatation of a lacteal duct. But this theory, I think, is weak: from the fact of our not being able to trace one of these ducts into the cyst; from the fact that the fluid contained in these cysts shows no trace of lacteal origin; and from the fact that such cysts are met with elsewhere, in places where no lacteal duct previously existed. The other theory is, that these cysts are entirely new formation; and this, partly for the reasons before mentioned, and partly because these cysts closely resemble those met with in other unsecretory glands, both as to structure and contents, appears to me to be the more tenable of the two.

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[1] See No. of News for Nov. last, p. 165.

These tumours, I must premise, whether unilocular, multilocular, or consisting of cysts diffused in a mass of fibrous or hypertrophied gland tissue, are always composed of thin walls, formed of condensed cellular tissue, and containing in their interior a fluid variable in amount and character; being in one serous, in another glairy, in a third bloody; it is very commonly of a light straw colour, not unfrequently it is brown, and sometimes sanguineous, but these differences are accidental and of no importance.

We will now consider the diagnosis of these cystic growths from cancerous and other solid tumours of the breast. And, first, with regard to the unilocular cyst: this is the most common form, and occurs generally in women at what one might call the "cancerous age," viz., forty-five to fifty; it is frequently referred to pressure, or to a blow on the part, or it may be connected with uterine disturbance at the period or the cessation of the menses. Thus so far as the age and proximate cause are concerned, the history throws comparatively little light on the subject, and the diagnosis has therefore to be made entirely by palpation and examination of the tumour. Now you can easily conceive that, depending only on manipulation to form a correct judgment of the nature of the tumour, the surgeon may be exceedingly liable to form an erroneous opinion. I could relate to you many cases in which error of diagnosis has occurred, but I will confine myself to a few of the more illustrative.

I was requested some time ago, by my friend, Mr. Walter Wilson, to see a married lady, aged, 45, who had in the right breast a tumour of about the size of an apple, hard and painful on pressure. This, she said, had been diagnosed as a fibrous tumour by a surgeon in the country, who had recommended her to come to London and have it removed. On examining the tumour, I suspected it to be a cyst. It had not the stony hardness of a solid tumour, but felt obscurely elastic on deep pressure. Acting on this supposition, I introduced an exploring trocar and let out about two ounces of dark serous fluid; the cyst never refilled, and the patient went home perfectly cured.

I was requested one day to see an unmarried lady, aged 44. On going to the house, I found her bathed in tears, and her sisters in great distress around her. I was told she had a tumour of the breast, which had been pronounced to be a cancer. On examination, I found a tumour in the right mamma, about as large as a pigeon's egg. It had been noticed about fourteen months previously, and the patient had been under both medical and surgical treatment for it. It was rounded, circumscribed, situated at the outer and upper part of the gland, hard but smooth, and not heavy to the feel. On close manipulation, I felt some elasticity. I told the patient that I did not think it was a cancer, but a cyst, and that if I punctured it and drew off the fluid contained within it she would probably have no further trouble. She then informed me that she had seen an eminent surgeon, who had pronounced it to be cancer; had explained that an operation was necessary; that the whole of the breast must be removed, and had fixed an early day for its performance. I requested to meet this gentleman, but this was refused by the patient and her friends; and as the opinions expressed differed so widely, it was agreed that she should have the benefit of Sir B. Brodie's opinion. That distinguished surgeon saw the case with me the next day, and, he having acquiesced in the opinion I had expressed, I tapped the cyst, and let out about an ounce and a half of yellowish serous fluid. The tumour collapsed, all idea of operation was abandoned, and the patient has continued well up to the present time.

I saw the other day a very similar case. It was that of an unmarried lady, aged 48, who had had for about twelve months a tumour in the left breast, which had gradually increased in size, until it had attained about the magnitude of a Tangerine orange. It was hard, circumscribed, situated at the axillary border of the gland; it had also been pronounced to be scirrhus. But, suspecting from its elasticity that it was cystic, I punctured it with an exploring trocar, and drew off about ten drachms of clear fluid, causing the immediate subsidence of the tumour.

Now here were three cases of simple cystic or fluid tumour of the breast, which had erroneously been pronounced to be solid, and which would have been submitted to amputation of the mamma if the mistake had not been discovered in time. It is of very great consequence, therefore, to be cautious in these cases in pronouncing a definite opinion, and to neglect no means in perfecting your diagnosis. How is this to be done? As I have already stated, the history very often throws no light on the nature of these cases. Cysts occur at the same age and among the same class of people as cancer of the breast, but there is one circumstance of great importance to which you must always attend, and that is the presence or absence of *elasticity*. This last character may be said to be the great diagnostic point between these tumours and cancer; and whenever you feel, or even suspect, elasticity, you ought to introduce an exploring trocar. If the tumour is cystic, the fluid escapes, and you probably hear no more of the case. But if, on the contrary, it is solid, a drop or two of blood only oozes out, the puncture soon closes, and no harm is done. In making this puncture, there is one little point to be attended to, and that is, if you use an exploring needle, take care to push it straight in, and not to make the puncture in any way valvular; for if you do, the fluid may not escape, and thus a serious mistake may arise; it is, however, far better in all cases to use the exploring trocar in preference to the grooved needle.

If this little operation—tapping—does not procure the closure of the cyst, you must resort to other measures, such as injecting it with iodine, introducing a seton, or, if these fail, excision of a piece of the cyst-wall. But you will generally find that tapping and the subsequent use of iodine lotions will suffice to effect a cure.

The next kind of cyst—the *multilocular*—is more difficult to diagnose than the unilocular; firstly, because it is generally seated deeply in or beneath the gland, while the unilocular occurs chiefly at the border or anterior surface, and because there is not so much fluctuation, owing to the fluid being divided among several cysts. But yet there is that never failing sign of cystic disease—elasticity. You will find, however, that there often exists a good deal of condensed fibrous matter round about these tumours, and hence the removal of the whole gland may be required, the extirpation of the cysts alone being impossible. One reason why cyst-tumours are often so difficult to diagnose as such, is that they are often associated with cancer. There great difficulty exists, especially in the early stage; and these cases are exceedingly liable to be confounded with cystic sarcoma, and indeed in some cases you cannot make your diagnosis until the tumour is removed, and then only by a careful microscopic examination.

A woman, aged 45, was admitted into this hospital with a tumour of the size of an orange, situated in the right mamma deeply over the pectoral muscle. It had existed for about five years, was not adherent to the skin, and there were several cysts of the size of plums. At the upper part of the mass, which could be felt through the lately mucous covering, the nipple was not retracted; there was only one slightly enlarged gland in the axilla. Now, here were all the characters of a "cystic sarcoma"—slow growth, no adhesions, cysts, and no material glandular implication; and yet, after the removal of the breast, the microscope revealed the tumour to be distinctly and decidedly cancerous.

You will sometimes find that tumours of a mixed, possibly a semimalignant character, occur with cysts, and give rise to great difficulty in the diagnosis of their exact nature, and render it impossible for you to pronounce with certainty whether they are benign or malignant. The following is a case of this kind.

An unmarried lady, 40 years of age, and in excellent health, was sent up to me by my friend Mr. Tuxford, of Boston, last November, with a tumour of the right breast, which, without assignable cause, had commenced growing about five years and a half ago; it increased slowly until it had attained the size of an orange about two years since, but afterwards much more rapidly, until at last it reached the size of an adult's head. The skin covering it was not reddened, and, though thinned, was neither adherent nor infiltrated. There was no pain at night, or after handling it; and no enlarged glands could be felt in its neighbourhood. The superficial veins were much enlarged over the tumour, and a good sized artery was felt to pulsate over its upper part. It was elastic, lobulated; and a large mass, of a cystic character, projected from its anterior surface. There were no adhesions between it and the pectorals, or to the skin. The operation was performed on November 10th. On removal, I found that the tumour weighed ninety-six ounces, and consisted of large encapsuled masses, of a dull gray or brown colour. On section, it was solid in parts, and infiltrated with a gelatinous fluid; in others, there were large cysts, containing several ounces each of dark stringy mucoid fluid. Dr. Harley, who examined it, pronounced it to be colloid. There were also masses of fibro-plastic deposit in some parts.

Now here was a case that approached closely to malignancy in its local characteristics, without any constitutional symptoms of cachexy; and which presents an appearance on examination that renders it doubtful whether it may or may not yet recur.

The next class of cases to which I would direct your attention are the chronic mammary or adenoid tumours. These are of exceedingly common occurrence; and there are two or three conditions with which they are often associated, the knowledge of which materially assists the surgeon in his diagnosis. 1. With regard to the age, they generally occur before the cancerous age, in early womanhood, between the ages of 18 and 25. 2. They are almost invariably slow in their progress. 3. They are lobulated, distinct, non-adherent to the skin or pectorals, and circumscribed. 4. There is no cachexy or glandular enlargement; and, in fact, they appear to be quite local and benign. There is usually no cause to which they can be assigned; but I believe that they frequently occur in young women of nervous temperament, and are commonly associated with uterine disturbance of some kind. The chief diagnostic points are, therefore, the age of the patient, the slowness of growth of the tumour, and the perfect freedom from constitutional symptoms; but yet any one of these conditions may be present in cases of undoubted cancer of the mamma.

Scirrhus very rarely occurs at the early period at which the adenoid tumour is common; but yet it is occasionally met with in young women. Some years ago, I removed in this hospital a tumour from the right breast of an unmarried female aged 23. It was as large as a small flattened orange, was hard, nodulated, but not adherent to the skin. There was no retraction of the nipple, and it had been growing for about eight months. No cause could be assigned for its appearance, and it was supposed to be adenoid. However, on account of the large size of the tumour, as compared with that of the somewhat atrophied mamma, I removed the whole of the breast, together with the tumour; and it was well that I did so; for, on microscopic examination, it was found to be scirrhus. The patient subsequently married; and when I last heard of her, two years after the operation, she was in good health. Now, here is a case in which cancer occurred within the period usually assigned to chronic mammary tumour; and hence you cannot rely altogether on the age of the patient as a means of diagnosis.

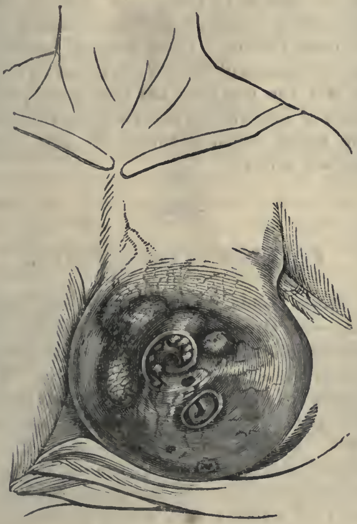
Next, with regard to the slowness of growth: although it is an undeniable fact that benign tumours usually grow slowly, and that rapidity of growth is generally a sign of malignancy of action, yet this rule must also be taken with exceptions, as in the following case.

Last June, I was requested to see an unmarried lady, aged 40, of a nervous sanguineous temperament, who had been in bad health for many years, suffering from uterine disturbance, dyspepsia, and latterly from pulmonary symptoms. At the age of 18—that is, twenty-two years previous to my advice being sought—she noticed for the first time a small tumour in her left breast; this continued perfectly stationary, and about the size of a pigeon's egg, until last February, when it for the first time became painful, and began rapidly to enlarge. Being at this time in Italy for the benefit of her health, this lady saw two distinguished Roman surgeons, who, after careful examination and exploratory punctures, pronounced the tumour to be "myeloid," and recommended extirpation of the mamma. The patient, however, preferred to return to England, and have the operation performed here. On her way home, she saw Velpeau in Paris, who, with great accuracy of diagnosis, pronounced the tumour to be "benign," and gave her a written statement to that effect. When I saw her, on her return to this country, in June last, I found a tumour of the left mamma, perfectly mobile, firm, solid, and inelastic; it had attained the size of an adult's head, and it was rapidly increasing. There was no glandular enlargement in the axilla; the skin was thinned and reopened, but not adherent; the superficial vessels were much enlarged, a tortuous network of veins and one or two large arteries running over the tumour. There was no constitutional cachexy; but the patient's health and strength were at the lowest ebb, from general and long standing constitutional derangement; and she could not sleep at night, not so much from pain (which, however, was constant, and at times very severe), as from the constant anxiety of mind which the presence of the growth produced. Sir B. Brodie and Dr. Walshe, who saw the case in consultation with me, both agreed that it was probably benign, but that no operation was practicable until the patient's state of health was improved. However, by attention to diet, and by being put on a proper plan of treatment, this was so much ameliorated that, in July last, I was enabled, with the assistance of Mr. Marshall and Dr. Cowan, of Glasgow, to perform the operation for its removal. This was attended by no difficulty, and by very little hemorrhage, notwithstanding the size of the tumour, which weighed rather more than five pounds. The patient made an excellent recovery, and was able to leave town in less than three weeks. On examination after removal, the tumour was found to be lobulated on its surface. The section showed it to be homogeneous, and of a uniform grayish colour, with no soft points or cysts, but distinctly and firmly encephalous. Dr. Harley, who examined it microscopically, found it to be a specimen of the chronic mammary tumour of Sir Astley Cooper. In the plastic matter taken from different lobules, examples of the glandular tissue were found. Some of the blind tubes were remarkably distinct, and well filled with cells. There was no trace of cancer.

Now here was a tumour which, after remaining of small size and stationary for more than twenty years, suddenly, and without obvious cause, began rapidly to increase; so much so that, in less than six months, it had increased in size from that of a pigeon's egg to the magnitude of a mass weighing more than four pounds. Here was extreme rapidity of growth, without malignancy of character. In fact, this extreme rapidity of growth resembled rather what is not unfrequently found in encephaloid disease, than what we expect to meet with in the chronic mammary tumour, and rendered the diagnosis not a little difficult; the more so, as it was possible that the chronic mammary tumour, which had existed for so many years in a stationary and passive condition, might have suddenly undergone malignant degeneration, and thus taken on rapid increase of bulk. This, however, was disproved by the careful microscopical examination made by Dr. Harley, who found that the tumour did not present a trace of malignant structure.

It is, however, important to bear in mind that cystic and adenoid tumours may remain for a long time in a benign and passive state, and then assume malignant characters. This happened in the case of a woman aged 48, who was sent to the hospital by my friend Mr. Adams two years ago. At the age of 27, she had first observed a tumour in the left breast. This had slowly increased in size, until it had attained, at the end of fifteen or sixteen years, the size of the fœtal head. When I first saw it, in January 1858, it presented the appearance here depicted. (Fig. 1.) One of the cysts of which it was composed had ulcerated, and a thin sero-sanguineous discharge oozed out of the opening. The general health was good. There was no glandular enlarge, ment in the axilla, or adhesions of the skin, except around the ulcerated parts. It was freely movable on the pectorals. An operation for the removal of the tumour was proposed, but this the patient refused to consent to. At the end of six months, she returned with a large ulcerated cavity in the centre of the tumour, and fungating masses sprouting from the bottom of it. (Fig. 2.) There was still no cachexia, or enlarged glands in the axilla. The patient now consenting to an operation, I extirpated the whole mass with the mamma. On examining the tumour after its removal, it was found to be cystic. There were several large cysts, of the size of pigeons' eggs, containing turbid but light coloured serous fluid. The central portion of the tumour,

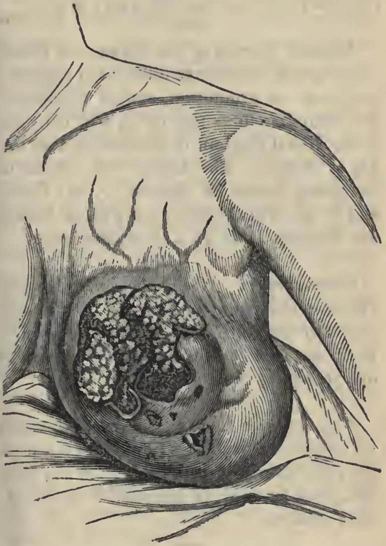
Fig. 1.



and that at the base of the fungus, were solid, gray, and rapidly undergoing softening and disintegration. On squeezing this portion of the mass (the base of the fungus), a milky juice exuded; and Dr. Harley, who examined the tumour, stated it to be encephaloid. The sarcomatous structure beyond this, constituting the general mass of the tumour, appeared to be adenoid The surface of the fungus, when exposed and protruding beyond the cyst, was epitheliomatous.

Now here were cystic sarcoma, encephaloid, and epithelioma, associated in one growth. The encepheloid was stated by Dr. Harley to be cellular, without fibres, showing rapid development. The epithelioma was confined to the surface of the fungus. The history of this case, the very lengthened period (more than twenty years) that the tumour had existed, the absence of all constitutional cachexy, of deep adhesions, or of glandular enlargement or other secondary deposits, and its appearance only six months previous to removal (Fig. 1), all pointed to primary simple cystic disease of the mamma, in which, as the result of secondary changes, encephaloid had developed itself; being an instance of the conversion of a simple into a cancerous tumour of the breast. This patient died about a

Fig. 2.



twelvemonth after the operation, of gangrene of the foot and disease of the heart. The cicatrix was quite sound; but in the substance of one of the ventricles a nodule was found, which was considered by those who examined it to be of a cancerous nature.—*British Medical Journal*, April 14, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Extirpation of the entire Uterus.—Prof. Choppin, it is stated (*New Orleans Med. News and Hosp. Gaz.*, Feb. 1861), has recently performed this operation in a case of irremediable procidentia by means of the ecraseur. "The vesico-vaginal wall was carefully dissected, so as to allow the ecraseur to pass entirely behind the fundus of the uterus. After the removal was accomplished, the edges of the wound were kept in apposition by means of leaden clamps and silver sutures. The patient is a negro woman, about thirty-five years of age. We saw her on the third day after the operation; she had not a single unpleasant symptom, and through the speculum the seat of the operation looked well. It is now ten days since the operation, and she is reported to be 'up, making a cup of coffee this morning.' The extirpation involved one ovary and Fallopian tube entire, and a small portion of the other tube, leaving the ovary intact."

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Medical Service of the Navy.—A Board of Surgeons for the examination of assistant surgeons for promotion, and of candidates for admission into the navy, will convene at the Naval Asylum in Philadelphia on the 1st of March. The Board will consist of Surgeons James M. Greene, J. M. Foltz, and C. H. Wheelwright, and Passed Assistant Surgeon John Y. Taylor, Recorder.

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Pennsylvania Hospital.—Dr. Addinel Hewson has been elected one of the surgeons to this institution, in the place of Dr. E. Peace, whose resignation we noticed in our preceding No.

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New Orleans Medical News and Hospital Gazette.—Dr. D. W. Brickell retires from the editorship of this journal with the Feb. No., and he is to be succeeded by Dr. A. A. Peniston.

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Obstetric Annual.—Dr. D. W. Brickell proposes to publish a yearly volume of 400 to 600 pages, devoted exclusively to obstetrics and diseases of women.

"Subscription price—*payable invariably in advance*—four dollars per annum, or fifteen dollars for four subscribers. The work will be commenced on the cash principle only, and the patronage of the real friends of medical literature is respectfully solicited. Early remittances are asked, in order that it may be ascertained whether the expense of the undertaking will be met. Patrons may rely on it, that with each year improvements as to size, etc., will be instituted to the fullest extent warranted, as the object is not to erect a money-making machine, but to exalt and improve a most neglected branch of medicine.

"All editors of medical journals are respectfully solicited to exchange from this date, in order that all proper facilities may be thrown in my way.

"All exchanges, subscriptions, and communications of every kind, to be directed to

D. Warren Brickell, M. D.,
Box 346, Post Office,
New Orleans."

Obituary Record.—We record with sincere regret the death of Dr. John Wakefield Francis, of New York, which sad event took place on the 8th of Feb., at the mature age of 72 years. Dr. Francis was universally esteemed, and was a man of no ordinary abilities. In all medical matters, the profession of New York called on him to take the lead; he has held many positions of importance, and always performed the duties which devolved on him with marked ability.

FOREIGN INTELLIGENCE.

Spina Bifida Operated upon with Success.—M. Gigon has laid before the Surgical Society of Paris a case of spina bifida which was successfuly operated upon. M. Gigon had seen the patient when four years old, and had then advised the parents to wait. He had quite lost sight of the boy, when the latter was brought to the hospital at the age of fourteen, having lost the difficulty of walking with which he had formerly been affected, and being tall and healthy. The tumour was the size of an adult fist, pediculated, and of the usual appearance. On consultation, it was decided that the outgrowth should be removed rather than injected, as it distinctly communicated with the spinal canal. The pedicle was divided with the écraseur, the wound brought together by the twisted suture upon needles, and the patient made a good recovery.

—

Median Operation in France.—M. Dolbeau has published a case in the *Gazette des Hôpitaux* referring to a youth of eighteen, affected with calculus, where the median operation was performed in a manner slightly different from that hitherto adopted in this country. The patient had been sent up to Paris for the purpose of having lithotrity performed by M. Civiale. After the crushing, fragments lodged in the neck of the bladder, and the suffering was so great that M. Civiale wished lithotomy to be at once performed. M. Dolbeau received the youth into the St. Louis Hospital, and determined on performing the median operation. After having divided the skin and cellular tissue in the median line, beginning an inch from the anus and ending two lines from that orifice, upon a grooved staff passed into the bladder, the operator placed the index-finger of the left hand, held supine, against the anterior angle of the wound, taking care to push the prominence of the bulb forwards. The staff being well felt, he thrust the point of the knife towards the groove, and divided the urethra along it as far as the neck of the bladder. The finger met with calculous fragments. The staff was then removed, and the finger passed into the bladder, the cervix of which was considerably dilated. By means of the forceps and scoop, fragments of calculi were removed. This required rather a long time, as there were several fragments, some of which were situated above the neck of the bladder. The latter had also to be frequently dilated, as it showed a tendency to contract upon the instruments. The bleeding was insignificant, and seemed to come from the bladder. No particular dressing was adopted, and, under a stimulating diet, with scrupulous cleanliness, the patient made a good recovery, the wound being quite closed on the twenty-first day after the operation. It will be perceived that M. Dolbeau first incised the skin and cellular tissue, then felt for the staff and thrust the knife into the groove; whilst it has been lately advised to run the knife at once towards the staff, the puncture being made through the skin. —*Lancet*, Jan. 19, 1861.

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Laceration of the Lung without Injury to the Ribs.—Dr. Comolli Giovanni relates the case of a lad, fifteen years of age, over whose chest the wheel of a carriage had passed without fracturing any of the ribs. He died on the tenth day of pneumonia, notwithstanding energetic antiphlogistic treatment. At the autopsy no fracture could be detected, but air escaped on opening the thorax, which contained also much fluid. The left lung, filling only a fifth of the cavity, adhered to the parietes, and a laceration was found at the anterior edge of the middle and upper lobes, accompanied by a loss of substance, as well as by an aperture in the pleura. The laceration was about an inch in diameter, and was surrounded by a fragile tissue, infiltrated with pus.—*Ibid.*, from *Annali Omodei.*

—

Lardaceous, Waxy, or Amyloid degeneration.—In a lengthened and able review upon this subject, which appears in the December number of the *Archives Générales de Médecine*, the writer arrives at the following conclusions:—

1. That the lardaceous, waxy, and amyloid diseases are all one and the same affection, although it may yet be shown that varieties exist according to the microscopic appearances, the chemical reaction, the seat, and the greater or less diffusion of the morbid deposit.

2. That the morbid alteration in question is constituted, histologically, of a substance appearing to occupy primarily the walls of the arteries; and secondarily, the cells of the parenchyma. This deposit consists, at first, of transparent homogeneous corpuscles of very various forms, and without any nuclei or appreciable cell-membranes. These corpuscles are at first distinct, but ultimately become fused into a mass, which is infiltrated between the natural tissues, and effects their removal, with the result of increasing greatly the density of the affected organ.

3. That the red reaction produced by iodine alone, and the blue reaction caused by iodine together with sulphuric acid, can only be regarded, provisionally as characteristic of the deposit.

4. That the morbid material is neither cholesterine, nor starch, nor cellulose, nor any other vegetable products, such as different writers have endeavoured to prove.

5. That the clinical facts hitherto collected, are neither sufficiently numerous nor decisive to enable us to draw up a clinical history of the lesion.

6. That the disease in question appears rather to correspond to certain undetermined phases of such cachexiæ as the syphilitic and tubercular, than to constitute a special cachexia of itself.—*Brit. Med. Journ.*, Jan. 12, 1861.

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Hydrophobia.—From the annual report issued by the General Hospital of Vienna, it appears that of 115 individuals who were bitten by rabid animals only 25 died from hydrophobia.—*Brit. Med. Journ.*, Jan. 19.

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Laryngoscope.—It is stated (*British Medical Journal*, Jan. 19th, 1861), that a conversation took place at the Pathological Society some weeks ago respecting the merits of the laryngoscope. The general impression of those who had used it was, that in most cases of disease requiring such examination it was not possible to derive much advantage from its employment. Either dyspnœa, or undue irritability of the larynx and associated parts, was present, or both; so that the difficulties were considerably increased under these circumstances. This opinion quite concurs with our own personal experience in the use of the instrument. The individual whose throat is to be examined must go through a long course of training before he is able to bear the manipulation required for the inspection of his larynx.

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Hospital Surgical Practice in Vienna.—The correspondent of the *British Medical Journal* writes as follows in regard to this subject:—

"The surgery in Vienna is, in some respects, undoubtedly, I think, behind that of the other capitals of Europe. This is exemplified in the general surgical treatment of wounds, etc., and in the non-adoption of modes of operation found to be successful in this and other countries; at the same time, a careful observer will see much here that is new, and may learn much that is good.

Treatment of Wounds, etc.—In the treatment of wounds after operations, too little attention is, I think, paid to endeavouring to obtain union by first intention, even when this is especially desirable, as in cases of resection of the elbow-joint, etc. Not even in plastic operations, of which, however, I shall later note some successful examples, are metallic sutures employed. These are, indeed, never used, not from any ignorance on the part of the surgeons, of the esteem in which this form of suture is held in this country; but partly, apparently, from a disbelief in the advantages of union by first intention, and partly from a want of credit in the facts stated by Dr. Simpson, and other advocates of the metallic sutures. The question of facts, however, will, I hope, be settled, as the experiment of using to one-half of the same wound metallic, and to the other half silk ligatures, which cannot fail, I think, to convince the most prejudiced observers of the advantage of the former, is to be made in the *clinique* of Professor Dumreicher, who, however, asserts at present his entire disbelief in any advantages possessed by metallic sutures, and his belief that no surgeon will in five years be found employing this material.

Vienna has been behind the other surgical schools in testing the efficacy of the important hemostatic method conceived by Dr. Simpson, who is honoured abroad, as here, as the man of this age who has made the most important discoveries in medical science. Shortly, however, Professor Patruban, to whom I have sent a set of acupressure needles, will be able to add his experience for or against the supplanting of the ligature as a means of obtaining occlusion of the arteries.

Irritating applications to ulcers and wounds are either much more often required in Vienna than here, or they are used where English surgeons would not find them indicated; still the advantages of cold water dressing and general cleanliness in the treatment of wounds seem to be appreciated. Wounds in the surgical wards are always cleaned by a stream of water thrown on to them with a pewter syringe—an instrument which is not yet supplanted in any of its applications by the more convenient forms of apparatus of caoutchouc, etc., in general use in this country. Charpie takes the place of our lint, being, however, much more freely applied; indeed, generally there is far too much covering up, plastering and employment of medicated dressings, in the management of wounds. The treatment of sores of a specific character I shall allude to, when describing Dr. Sigmund's views of the nature and treatment of venereal diseases.

Operations. — Many operations which have taken their stand in this country, as acknowledged modes of treatment, are but little practised in Vienna. As far as I could learn, resection of the knee is not performed there. Such an operation was announced to be performed by Professor Dumreicher; but the operation which I witnessed consisted only in removing, in the case of a young man, who, as the result of old and arrested disease, had contraction of the knee, a wedge-shaped portion from the inner condyle and front of the femur. This was done by a crescentic incision through the soft parts, as in the operation for resec- of the joint. The limb was then forcibly straightened as far as possible, and thus fixed. In consequence of continual venous oozing from the wound, perchloride of iron and other irritating applications were employed. Ultimately, I believe, after I had left Vienna, the patient died. Gangrene supervened; amputation was resorted to;

but the gangrene recurring in the stump, this attempt to relieve a deformity resulted in the death of the patient. In one case of resection of the elbow, which I saw performed, the sesquichloride of iron was applied to the wound as a dressing, at a time when I could see no bleeding. I was told, however, that it was to arrest hemorrhage. The case, I believe, ultimately did well; though naturally, after such applications to the wound, recovery took place at a much slower rate than one is accustomed to see in this country, more particularly in the clinical wards of the Edinburgh Infirmary.

Operations for the radical cure of hernia are not performed in Vienna; the results in the one or two cases where an operation has been attempted, having been unsatisfactory in so far as the rupture has returned. A perusal of a translation of the papers of Mr. Redfern Davies on this subject, which will shortly appear in the medical journals, will, no doubt, lead to a renewal of attempts to effect a cure by means of Wood's operation.

In a case of strangulated femoral hernia, operated on in Professor Dumreicher's clinique; on July 2d, no attempt to apply the taxis was made *after* the administration of chloroform. The operation was at once proceeded to, the sac being opened; and in other respects the operation resembled that most commonly practised here. The case did well.

Teale's mode of amputation by rectangular flaps does not appear to have been adopted by any one in Vienna, nor, indeed, did it seem at all known. Although some surgeons may still question its advantages, it should, at least be put to the proof in every large clinical school.

* * * *

Fracture.—Passing now to the general surgical *cliniques*, I may note first in reference to the treatment of fractures, the use, by Professor Dumreicher, in fracture of the leg, of what he calls his "Railway apparatus," which is a peculiar form of cradle for swinging the limb after it is bound up. Laid on the bed is a frame of wood supporting an inclined plane of the same material, which has two little brass rails running lengthways upon it, the angle of inclination admitting of variation; upon this is placed a cradle, which has wheels adapted to the rails, and which has a constant tendency therefore to run downwards, of greater or less intensity according to the angle of inclination of the plane, so that, however much the patient may shift his position up and down the bed, the limb is kept extended. The apparatus appeared to be very successful in giving comfort to the patient and in turning out good limbs. Another form of apparatus, new to me, was the splint I saw employed in a case of fractured humerus; it consisted of a splint of iron framework, terminated at each end by a small crutch, and interrupted in the middle, where a screw united the two portions. One crutch was applied in the axilla, the other in the hollow of the elbow, over the forearm, bent at a right angle and supported in a sling; straps and buckles attached to the crutches and to the shaft of the splint retained it in its place; by means of the screw the length of the splint may be increased, and, the forearm being fixed by the sling so as to form a point of resistance, lengthening of the splint causes extension of the arm. Although the principle of this instrument differs from those on which we should usually treat fractures, using splints for simple retention of the properly adjusted fragments, and not for active extension, yet I imagine that there are cases where it might be useful for the surgeon to bear this splint in mind, and employ it, or some modification adapted to the special circumstances of his patient.

Phosphorus Necrosis.—An affection of the bones of which we, happily, see but little in this country, comes daily before the notice of those attending the surgical wards of the Viennese hospitals; it is the peculiar form of necrosis developed in the upper and lower maxillæ by exposure to the fumes of phosphorous acid. This disease is now even in Germany much less common than formerly, owing to the employment in the manufacture of lucifer matches of the red allotropic form of phosphorus, which does not undergo slow combustion in the air. Indeed, almost all the examples of these unfortunate sufferers who now present themselves are from some few manufactories where, from a false economy, the ordinary form of phosphorus is still made use of. The treatment of this affection is removal of the diseased bone; and, from the cases that I saw in Vienna, I conclude that there surgeons consider extirpation of the whole bone necessary.

Resection of the Inferior Maxilla.—To Dr. Von Pitha, surgeon to the Military

Hospital in Vienna, is due, I believe, the credit of the operation performed in the following case for the extirpation of the lower jaw.

A young woman, aged about 20, worker in a lucifer match manufactory, and for some time labouring under necrosis of the lower jaw, was on the 21st of June operated upon by Dr. Weinlechner, assistant to Professor Schuh. The patient, sitting upright in a chair, was narcotized by chloroform administered from a conical roll of paper. No incision was made through the skin, the soft parts being dissected from the anterior part of the lower jaw by means of scalpels adapted to the purpose, introduced through the mouth. A broad copper spatula was passed down between the lower lip and the jaw, and then, being *turned up behind* the bone, was again brought out at the mouth, so as to isolate the front part of the bone from all soft parts. A chain-saw was then passed round the symphysis, and the maxilla there divided. By means of the finger and a rounded blunt-edged instrument suited to the purpose, the periosteum was separated from the left half of the bone, the attachments of the muscles, the ligaments of the temporo-maxillary articulation, etc., being cut through by a long-bladed knife, which was, however, sharp only near the point, as is the ordinary herniotome. The left side of the jaw being thus entirely removed, the right half was treated in the same way; the mouth was syringed out, as far as I could see; neither ligatures nor sutures were applied; and the patient was removed to the ward.

On examination, the bone presented about two inches of the body completely necrosed; the whole bone was quite denuded of periosteum, except in the immediate neighbourhood of the muscles, etc. The patient progressed very favourably; and already, on the 4th of July, fourteen days after the operation, the deformity of the face was very slight, and the patient could take soft food well, although she was still unable to articulate. The peculiarities of this operation are subperiosteal mode of removal, and the avoidance of any external incision; and in many cases, even in some of removal of the jaw for a tumour, this mode of procedure might, I believe, be advantageously resorted to. Before leaving the subject of necrosis, I would mention the form of *scalpel* used by Professor Dumreicher, as apparently very good, although I have not yet tested its practical utility. It has a short, well rounded handle, which may be conveniently held in the palm; the blade is but very slightly grooved from side to side, and the edge is cut off obliquely; the instruments are of various sizes, and of each size there are a pair having opposite angles of the blade cut off, so as to be adapted to all circumstances. I have already mentioned that resection of the knee is not adopted in disease of that joint, and among the numerous bad stumps that might be seen in the wards last summer, was one left after amputation of the arm for strumous disease of the elbow.

Stricture of the Urethra.—A mode of treatment which I saw Professor Dumreicher adopt in a case of stricture of the urethra, may be occasionally found worthy of imitation. It was a modification of the old plan of introducing a cat-gut bougie, and allowing it to distend the stricture by its gradual enlargement under the influence of the heat and moisture of the urethra. Instead, however, of one large bougie being employed, a number of pieces of fine catgut are taken, each about a foot long, and headed at one end with sealing wax. The other end the Professor bit slightly, so as to flatten and soften the tip before introducing it; he then passed one of these carefully through the stricture, then another, and so on until six had been passed into the urethra; these were removed at the end of half an hour, when it was evident, by the size of the different portions, that two had passed through the stricture, two into it, but not through it, while the other two had only reached the stricture, and had curled up in the interior part of the urethra. The bougies being withdrawn, an attempt was made to introduce a silver catheter, but without success. This treatment was repeated frequently, at the end of one week, but little progress had been made, and it had been ascertained that a stone was in the bladder; in the following week, however, considerable improvement had taken place, and soon afterwards a full-sized catheter could be introduced. This treatment seems more commendable and less hazardous than the forced catheterism, where a blunt instrument is forced on, tearing its way through the stricture; this practice I saw adopted in the syphilitic wards, and with a successful result. Neither the external nor internal division of stricture, by cutting instruments, is in much favour in Vienna.

Operations for Malignant Disease.—An interesting point of difference between the practice of the Viennese and British surgeons, is found in the treatment of malignant growths; and here I believe that the practice of the Viennese is in accordance with that of most German surgeons. In the first place, there is much more readiness abroad than here, to operate in cases of cancer; and, secondly, no attention is paid to a point on which British surgeons lay considerable stress, viz., the removal of the whole diseased organ, a point which induced the conception by Syme of the bold and hazardous operation for removal of the entire tongue; which he has twice performed, although unfortunately with an ultimate fatal result. In malignant disease of the breast, the tumour alone is removed; the whole gland is extirpated only where there is retraction of the nipple with much adhesion of the skin, or adhesion of the tumour to the wall of the chest; the latter of which conditions would, in the opinion of many of our surgeons, contraindicate any operation

As illustrating the boldness with which some Viennese surgeons will undertake operations, which we might consider unjustifiable, I may mention that Professor Schuh in July last, in the case of a child eight years of age, suffering from malignant disease of the scapula, resected the whole of that bone. His first intention was to remove only a portion; but in the course of the operation, finding that the whole bone was involved in the disease, entire extirpation was practised. I saw the child only before the operation, and understood that after going on well for some time, she died; but Professor Schuh has, I believe, published the case in the *Mediz. Zeitung*, and states that the child was well enough to leave the hospital in three weeks.

Another example of the questionable boldness of the same operator is found in the following case, where, however, the operation proved fatal. An Austrian, aged 60, presented himself at the hospital with a tumour on the left side of the front of the thorax; it was firmly attached to the ribs, the skin being quite movable over it; it measured at its base about fourteen inches in circumference; it felt smooth, hard, and lobulated, and otherwise like enchondroma. On June 25th, 1860, Professor Schuh operated for the removal of this growth. The patient being placed upright in a chair, an incision was made across the tumour, which was laid bare, and the greater part cut away at once, the remainder attached to the ribs, etc., was removed by scissors and knife. At first, as I looked on from a little distance, I could see the movement of the pleura between the ribs, with respiration; but in the last stage of the operation, the respiratory movements of the left side of the chest seemed to cease; the patient appeared very faint, and the Professor having applied a stethoscope, for which he hurriedly called, closed the wound, keeping his finger pressed on a particular spot, carefully replacing the skin over this point, and then applying a compress. The tumour, examined after removal, presented a smooth, lobulated, hard portion externally; internally it was soft and friable. 26th. The patient very ill; pleurisy, etc. 28th. Fourth day from operation, the patient died.—*British Med. Jl.*, Jan. 5, 1861.

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Fecundity.—At Dowlais there is a woman still living, only 45 years of age, who is the mother of 33 children. She married at 14, and became a mother at 15. She is the wife of a working man in humble circumstances, and she has given birth twice to three children, three times to four, and six times to twins!—*Essex Herald.*

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Death from Mental Depression and Chloroform.—M. Cazenave, of Bordeaux, was lately called some distance to amputate the leg of a gentleman, aged forty, whose horse had fallen upon the limb. Several hours elapsed between the accident and the intended operation; and when M. Cazenave had finished his preparations, aided by two medical practitioners who had been called in soon after the mishap, he exhorted the patient to take courage, as the latter was extremely depressed at the idea of losing his leg, and often broke out in loud lamentations. It was agreed, upon the patient's request, that chloroform should be used; but as his spirits were so bad, and the powers of life low, M. Cazenave resolved to withhold the chloroform, asking the medical man who was about to give it to feign the administration of the anæsthetic. The handkerchief was therefore held at a great distance from the face, but the patient had hardly made four hurried inspirations when respiration ceased, and the action of the heart stopped. All the means resorted to in order to revive the patient were unavailing. M. Cazenave considers that the chloroform had nothing to do with this result; it is probable, however, that the melancholy event was due to mental depression aided by the chloroform.—*Lancet*, Feb. 9, 1861.

Insects in Sores.—Dr. Atkinson, Inspector General of Hospitals, writes as follows, on the mode of removing insects from wounds, etc. A little calomel strewed over the part, or blown into the wound from the end of a quill, will immediately rid the patient of them. In the year 1840, during the epidemic yellow fever, a corporal of the 82d regiment, during his attack of fever, had a sac of them in front of the right ear, and every application, such as turpentine, tobacco-juice, etc., failed to have any effect upon them. On leaving the hospital at Stony Hill, I met a very old European woman, who told me that calomel would empty the sac in a few minutes; I returned and tried it, and in less than ten minutes the sac was empty, and had no recurrence of them. In 1848, after the battle of Boom Plaats, over the Orange River, at the Cape of Good Hope, two of the wounded officers, who were shot through the elbow-joint—one a captain in the Cape Mounted Rifles, the other a lieutenant in the 91st Regiment—had maggots; the calomel was blown into the wounds, and in less than ten minutes they were all crawling over the bed, and were swept away, and there was no return of them. I have written this account, as I am not aware that the efficacy of calomel in this affection is generally known.—*Brit. Med. Jl.*, Feb. 2, 1861.

What is a Fact?—There is an old saying, unanswerable as a fact; but it is an erroneous saying. On the contrary, nothing is more elastic, more convenient, and manageable, than a fact. The absurdest of doctrines are made to rest on facts. The reputation obtained by a pretended curer for cancer was founded on a fact. Thousands of facts are daily made use of to serve the purposes of the vilest quackeries. And, even amongst honest minded men, what errors are elicited from the observation of facts! As M. Velpeau lately said, at the opening of the clinique: "We judge of facts by the lamp of our intelligence; and this lamp is sometimes too small, sometimes too great, and is always fitted with glasses which modify the objects more or less; and then, as facts have many faces, we often see only that face of them which pleases us." Difficult indeed is the interpretation of facts!—*Journal de Méd.*

Poisonous Snuff.—At a late meeting of the Manchester Philosophical Society, Dr. Crace Calvert stated that he had lately examined several varieties of snuff, which he found to be more or less impregnated with lead compounds, especially the black rappee; and he found on further investigation that the presence of lead was due to the corrosive action of the snuff upon the lead foil used for packing it. He also stated that it was his intention to examine several other substances usually packed in lead foils, and that he would lay the results of his observations before the Society, as he thought it highly desirable to make the public aware of such sources of injury, and to induce manufacturers to adopt means to avoid inflicting this serious evil on their customers.—*Lancet*, Feb. 9, 1861.

Sir Benjamin Brodie.—This eminent surgeon, who a few months ago was unnecessarily subjected to the operation of iridectomy, has recently been operated on for cataract, by linear extraction. This cataract is said to have resulted from a wound of the lens accidentally inflicted during the performance of the previous operation of iridectomy. We regret to learn from a late No. of the *Lancet* (Feb. 9) that the section of the cornea had not healthily united, and that some amount of low inflammation has attacked the eye.

Obituary Record.—Died, lately, M. Textor, formerly Professor of Surgery at Würzburg, and well known from his resection of joints, aged 78.

——Lately, M. Bonnelat, physician to the St. Armand Hospital (France), aged 87.

——Jan. 28th, 1861, Wm. Baly, F. R. S., Physician to the Queen, and Assistant Physician and Lecturer at St. Bartholomew's Hospital. He was instantly crushed to death while going to Guilford to see a patient, by an accident to the train, which precipitated several of the cars down a bank nine feet high.

——at Munich, Dr. Tiedeman, the eminent physiologist, aged 87 years.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Warty Growths around the Vagina and Anus of a Pregnant Woman; Removal.—It is a question with obstetricians, whether any operative measure of importance should be performed on women during the pregnant state, because of the liability of inducing premature labour. If we take the experience of London hospital practice as a guide, we shall find that in many instances operations have been performed on women as a matter of necessity, even at an advanced stage of pregnancy, and no bad results have followed. We have seen Mr. Erichsen, at University College Hospital, attempt the cure of troublesome varicose veins, with success, in women thus circumstanced. Mr. Pollock, at St. George's Hospital, once performed tracheotomy upon a woman, with syphilitic ulceration of the larynx, who was on the verge of her confinement. Indeed, labour set in some hours after, but no untoward consequence ensued either to the mother or the child. This case appeared in a former "Mirror," and we could cite other examples of successful operations performed upon pregnant women. On the other hand, the mere extraction of a tooth has caused miscarriage or abortion. It is, therefore, difficult to draw the line of demarcation. But when necessity steps in, there is no alternative; something must be done, and that oftentimes speedily.

A pale, sickly, and emaciated young married woman, of diminutive appearance, was recently admitted into Middlesex Hospital. She was about six months pregnant, and suffered from a large and prominent mass of warts surrounding the lower part of the vagina, and extending to

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the anus, which was also completely encircled by them. They had become so agglomerated as to present a tolerably firm epithelial growth. There were in addition numerous small isolated warts on either side of the vulvæ and thighs. All were the result of a former attack of gonorrhœa, existing previously to her pregnant condition. The vaginal outlet was diminished to the size of a few lines, and it seemed to be quite clear, that if she were allowed to go to the full time of utero-gestation, there would be a great risk of serious impediment to labour, in consequence of the state of the parts. Rupture of the perineum, if not some more serious lesion, might be anticipated under the circumstances.

Her case was carefully considered by the staff of the hospital, including Dr. Priestley, the physician accoucheur, and it was determined to remove all the diseased mass under the influence of chloroform. This was accordingly put into practice on the 28th of November, by Mr. Shaw, who, with the aid of a scalpel and a pair of curved scissors, effectually dissected away and cut off the various parts of the tumour, and all the smaller warts. This was done without any sacrifice of the integuments, for the whole were found to be superficial, having only involved the epithelial layer of the dermis. The anus and vagina were thus freed, and the outlet of the latter, although still a little constricted, resumed nearly its natural dimensions. As might be expected, there was free bleeding during the operation, but it was readily controlled afterwards by a piece of lint steeped in a solution of the perchloride of iron.

Dec. 14*th.*—No constitutional disturbance followed the operation, and a good recovery was made by the patient. The affected parts are sound, except a few warts which were left, as Mr. Shaw was desirous not to protract the operation, or cause her to lose any more blood. She has been out of her bed now for upwards of a week.—*Lancet*, Dec. 29, 1860.

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Extensive Injuries from the Explosion of a Locomotive Engine.—The following case is an illustration of what an amount of injury a man may sustain without life being destroyed. The points of interest are—first, the peculiar mental condition of the patient for some time after the accident; and, secondly, the effect which this condition appears to have exerted over the reparative process. Brought into the hospital in a state of coma, in about twelve hours he somewhat rallied, and passed into that of traumatic delirium. Slowly, under the influence of opium, brandy, and a good diet, he gradually became tranquil; but his memory was for a time lost, nor did he recover it until after he had been five weeks in the hospital. Up to this date no reparative process had taken place between the broken extremities of the bones; but with the return of the mental faculties there was increased action in the site of the fractures, and a firm union was speedily effected between the ends of the femur; and it is to be hoped that a similar result will be shortly accomplished in the humerus.

J. C——, aged thirty-three, was admitted on Nov. 1st, 1860, having been just blown up by the explosion of the locomotive engine at the entrance of the underground railway, close to its junction with the Great Northern Railway. At the time of the accident he was with his two companions at work on the engine. They were killed instantaneously, but he was picked up some yards from the engine in an insensible state.

On admission, he was perfectly insensible, and breathing stertorously. A large scalp wound of about six inches extended from before backwards towards the occiput. He had a fracture of the middle third of the left humerus, and a fracture of the right thigh. He had also a deep scald over the right hip, extending up to the seat of the fracture of the femur, while on the left side there was a deep lacerated wound of the thigh, near the great trochanter. His bladder and bowels acted involuntarily.

The patient having been placed in bed, his numerous wounds were immediately attended to. The large scalp wound was united by wire sutures, and covered with a firm compress of lint and a bandage. His arm was put up in the ordinary splints; but a difficulty existed in arranging the splints for the thigh, as the extensive scald on the outer side of the limb prevented the application of a long continuous splint, and the involuntary action of his bladder and bowels would not allow of the use of a perineal band. Accordingly a long splint, with an interruption of an arch of iron bar thrown over the site of the scald, was applied from the axilla to beyond the foot, and Mr. Wallis, the house-surgeon, maintained the extension of the limb by attaching a long strip of adhesive plaster from the knee to the foot, and appending thereto a bag of sand of fifteen pounds weight, which hung free over the end of the bed. From the state of coma in which he was on his admission, the man in about twelve hours passed into a wildly delirious state, endeavouring to tear off his bandages and to get out of bed, talking all the while most incoherently. A brisk purgative was given, and after it had well acted he had ten minims of tincture of opium every four hours; a liberal diet of beef-tea, arrowroot, and four ounces of brandy daily. Under this treatment he gradually improved, and in four or five days he became perfectly quiet, and began to recognize his attendants, and to regain power of control over his bladder and rectum. Unfortunately, however, bed-sores were now forming on his back, and a diffuse erysipelatous inflammation involved the whole of the left thigh.

On Nov. 12th he was placed on a water-bed, and on the 16th about a pint of pus was let out of the left thigh by a small incision on the inner side near the knee. Although now perfectly tranquil and capable of understanding questions, he has complete loss of memory. He believes that to within the last few hours he was at work; and when asked how he was engaged, he would describe the scene of his employment at the time of the accident. Even when asked in the afternoon what he had for dinner on that day, he would tell of a dinner his wife had carried to him when at work on the railroad. Gradually, however, his mental condition improved, and at the expiration of five weeks he was capable of appreciating the fact of his being in the hospital and of the cause which brought him there. The scald had progressed up to this time most favourably, and in every respect he was apparently doing well, the wound of the scalp having perfectly healed.

As the bandages were now becoming loose, they were taken off for the purpose of readjusting them and of examining the fractures. In the thigh and in the arm but little reparative process had taken place; there was slight thickening in the seat of the fractures, but the broken extremities moved freely on one another. The limbs were therefore readjusted in their splints.

Thirteen weeks after the accident the splints were again removed. The fractured femur had firmly joined, but the humerus still continued disunited, although there was considerable thickening and some firm effusion in the immediate neighbourhood of the fracture.

He continued to progress in a most satisfactory manner until Feb. 7th, when some swelling of the lower extremities began to manifest itself, accompanied with puffiness of the face. The urine is now albuminous and smoky, but his general condition is not very unfavourable.—*Lancet*, Feb. 23, 1861.

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Rupture of the Lung, without Fracture of the Ribs.—A case of this nature occurred lately in the practice of M. Marjolin at the Hôpital Sainte-Eugénie. The patient was a boy, aged 13½. On December 3d, 1860, the wheel of a dray, containing two casks of wine, passed over the front part of his chest. When brought to the hospital, there was a contusion on the fore part of the chest, and the boy was labouring under extreme dyspnœa. There was no hæmoptysis, nor hæmatemesis, nor subcutaneous emphysema, nor any pain in the belly; nor could any fracture of the ribs be made out. On auscultation, the natural vesicular murmur was heard all over the left side of the chest; but on the right side there was amphoric breathing with metallic tinkling. It was impossible to percuss this side on account of the dyspnœa. On the 5th, the patient died. On *post-mortem* examination, the right lung was found to be ruptured in two places. One rupture was situated near the anterior margin of the upper lobe, and was nearly half an inch in depth; the other was at the junction of the upper with the middle lobe. The pleural cavity contained eight or nine ounces of blood, and the surfaces of the lung and of the opposed wall of the chest were covered by layers of recent lymph of considerable thickness. The right lung and pleura were perfectly normal. The third and fourth left ribs, and the third right rib were incompletely fractured. It was only the external surface which was fractured, and the corresponding pleural surface was quite intact. (*Gaz. des Hôpitaux*, Dec. 29th, 1860.)

A case, very similar to this, was recorded in the last volume of the *Guy's Hospital Reports*, by Mr. Thomas Bryant (3d Ser., vol. vi. p. 43). The patient in this was a boy, seven years of age. Most, if not all, of the cases of this nature which have been recorded, have happened in children. In young persons the ribs are so elastic, that it is very difficult to break them. Ambrose Paré mentions the case of an infant, 22 months of age, over whose chest the wheel of a carriage, containing five persons, passed twice, without causing any fracture.—*Brit. Med. Journ.*, Feb. 2, 1861.

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Aneurism cured by Compression Nine Years ago.—A man applied to Mr. Poland at Guy's Hospital, a short time since, the history of whose case is briefly as follows: In 1851, nine years ago, he was under Mr. Poland's care, in Guy's Hospital, for aneurism of the popliteal artery in the left side. He was then treated by compression, which was kept up for one hundred and two days, after which he was discharged. The aneurism was much reduced in size, felt hard and solid, but still pulsated a little directly backwards, but not laterally. The man remained well until October 20, 1852, when he "strained himself." Pulsation returned again and he was readmitted, on this occasion under the care of Mr. Hilton, who submitted him to the same treatment. The treatment, on this occasion, only occupied three days, and the man was discharged in three weeks quite well.

There is now (1861) no trace of any tumour or pulsation in the popliteal space, and the man says he has had no inconvenience whatever since his discharge. He is in good health. There is no pulsation to be detected in the anterior or posterior tibials.—*Med. Times and Gaz.*, Feb. 16, 1861.

LECTURES.

Clinical Lecture on Diseases of Joints.—Delivered at St. Thomas's Hospital, Nov. 30, 1860, by SAMUEL SOLLY, Esq., F. R. S., surgeon to the hospital. Gentlemen: The admission of a patient last week with such extensive disease of the knee-joint, of the thigh and the leg, as to require almost immediate amputation, affords me the opportunity of directing your attention to this important subject. It is a subject on which each of you will have to exercise your educated and conscientious judgment, whether you are intending to practise in London or the country, as private practitioners solely, or attached to hospitals and union houses. I desire to-day especially to point out to you where it is necessary to resort to the knife in order to save life.

Your great pride should be to save a diseased limb from an operation, and this whether the operation be of a truly conservative character, such as the excision of a joint, or the entire removal of the whole limb. You have sometimes heard me say, partly in joke and partly in earnest, that any fool can cut a leg off, but it requires a true surgeon to save it. This feeling ought to guide you, and I assure you it is very necessary to inculcate it in the present day, when there is quite a *cacoethes operandi.*

I must, however, no longer delay the details of the case which has given rise to these reflections, and you will see that they are applicable in more ways than one. My notes are taken partly by the dresser from the patient's own statements, and partly from the gentleman (an old pupil) who kindly sent the poor fellow into the hospital.

J. D——, aged forty-four, a farm labourer, applied first for medical advice on the 23d of September, a little more than two months previous to admission. He attributes his illness to "cold taken when thatching with wetted straw." He was seized with pain on the left side of his body, which obliged him to leave off his work and go home to bed. On the following day he sent for his medical attendant, who states that he found him suffering from headache, shivering, nausea, quick pulse, and furred tongue. Notwithstanding appropriate treatment, symptoms of local rheumatism appeared in his left thigh and knee, around which point there were tenderness and swelling, followed by rigors, and a collection of pus below the knee in front of the tibia. This abscess was opened about a fortnight after the commencement of the disease, and discharged a large quantity of pus. But the supply of matter was most abundant, and fresh openings in the neighbourhood of the knee-joint were required. The skin was obliged to be divided on the outer side of it, and also in the popliteal space. The patient states that about two pints were discharged daily. Previous to these additional openings the knee-joint appeared more swollen, and to diminish after the matter was let out. This is accounted for by the fistulous opening I discovered from the knee-joint into the abscess; and this escape prevented the joint presenting the usual appearance of disease. The pain in the knee, he says, was constant during the whole of this time, and that it felt "*as if the knee-joint was going*"—most expressive is this poor man's diction. He states he could not move it in the slightest degree; where he placed it with his hands there must it lie. The patient says: "I told my doctor weeks ago that it was of no use to me; it must be cut off." He also states that it kept gradually getting worse day by day. He describes his journey from the country as being one of great agony, which I can fully understand from the distress he experienced when carried most carefully upon a stretcher from my ward upstairs to the operating theatre. He has two large bed-sores. His family history is good; his father and mother both living, the former eighty-five years of age, and in good health. He has two children, both healthy.

As soon as I saw this poor fellow lying in Abraham's ward, which was the day after his admission, when he had recovered from the excitement of the journey, I at once came to the conclusion that his limb must be removed. His countenance bespoke a long continuance of wearing suffering; his hectic cheek, sunken eye, and anxious expression spoke volumes. He looked more like sixty than forty years of age. The outline of the joint differed but little from the sound one, but there was a reason for this. A fistulous opening above the joint led into the cavity of a large abscess, but not down to carious bone. Below the joint there was a long incised wound, terminating above in a small mass of ulceration, communicating with spotted caries of the head of the tibia. At the lower angle of the wound, the tibia lay, white but dull, denuded of periosteum, necrosed, but not exfoliated. The slightest motion of the joint put him to extreme pain. His pulse was feeble, and his tongue unnaturally red.

Under these circumstances, I felt it my duty to lose no time in telling my patient that I considered his limb must be removed in order to save his life. The poor fellow received the announcement with less surprise and horror than I expected; he only asked for time to communicate with his wife, which of course I agreed to. His calmness on the prospect of an operation being presented to him was explained this morning, when he informed me that he told his medical attendants five weeks ago that he was sure his limb ought to be cut off. As a rule, gentlemen, you will find that a patient's own feelings afford very strong proof of some serious disorganization of the joint which he thus desires to be relieved of.

When I saw him again on the Monday morning for the purpose of hearing his decision, he told me that he was desirous I should perform the operation as soon as I thought right. The wife, however, told the sister of the ward that a surgeon in the country of high standing said that there was no reason whatever for amputation, and that he ought to get quite well with his limb on. As you do not know the name of the medical man referred to, I do not hesitate to mention this fact that you may draw the necessary instruction from it. In all cases of disease where I think there can be the slightest doubt regarding the propriety of an operation, I never hesitate to take advantage of the opinion and judgment of my colleagues. But in this case I felt no doubt. Nevertheless, after this decided opinion, given deliberately by a surgeon of experience, I thought it right to ask Mr. South to see the case; for that purpose the patient was carried into our consulting room before being taken to the theatre. Certainly, if I had any doubt before, I had none when I saw the agony the poor creature endured in being carried up-stairs into the room where we were waiting for him. The slightest motion of the stretcher was torture to him. Mr. South made a most careful examination, as also did Mr. Sidney Jones; and as their opinion entirely agreed with mine, I amputated through the thigh, after our patient had been completely narcotized by chloroform.

I performed the operation which I prefer—namely, the double flap, the anterior flap being divided by a circular incision from within outwards, and the posterior transfixed. I used Mr. Butcher's saw, as this enables the operator to give a smooth, convex surface to the bone, without any sharp edges. The bone was unnaturally hard. In making my flaps, I opened, as I expected (and I trust that this will not delay the healing of the stump), a large abscess, the surfaces of which I brought into apposition, in dressing the wound, by means of a roller. Four sutures brought the edges into good contact, so that no strapping was required. It is always better to do without plaster if you can, for the removal and reapplication of it is one of the most painful proceedings in connection with an amputation. I do not, in a case like this, either expect or desire to obtain union by the first intention of the whole surface of the flaps, for if such occur, it would shut up the fascial abscess of the thigh, and a fresh would be required. Nevertheless, I hope that a portion of the opposing surfaces will unite; but I expect that a small portion of plaster will be necessary after the sutures are removed. At present the stump looks remarkably healthy; no nasty little blush along the edges of the wound.

I must now show you the interior of the joint, and the condition of the femur and tibia beyond its limits. Nearly the whole of the investing articular cartilage covering the extremity of the femur was gone; only about an inch square left in front. Its place was supplied by a dark, bloody, carious surface. The bone was bare and soft; a portion of the cartilage on the under surface of the patella ulcerated; the head of the tibia completely disorganized; not a vestige of cartilage to be seen. Dark and ulcerated bone, with deposits here and there of pus, supplied the place of that beautiful structure which in health caps the leg bone in the knee-joint with its semilunar articular cartilages. Remnants, and small ones, of the crucial ligament. And this was what was *once* a joint. A section through the head of the tibia exhibited the bony tissue infiltrated with pus.

This examination will, I think, satisfy any surgeon, even if he is not very deep in the pathology of diseased joints, that the individual who had the privilege of possessing this, the remains of a knee, a few days ago, would have lived only a few days more if he had continued to hold it. I was very much struck by his reply, on the morning following the operation, to my inquiry how he was. "Oh! I am much better; I have very little pain, and I slept better than I have done for the last nine weeks." His pulse was good; tongue tolerably clean, and not quite so red; appetite good; no sickness after the chloroform. He was allowed four glasses of wine, porter, and any little thing he fancied.

I thus read this history. Rheumatic fever from cold and wet, localized in the knee-joint, followed by rapid suppuration within and without. Free incisions and appropriate medicines relieve his sufferings, but cannot save the joint from destruction, the removal of which cannot be accomplished by excision, from the extensive necrosis of the shaft, and interstitial suppuration of the head of the tibia. From the history of the progress of the case, it would appear that the inflammatory action ran its course to suppuration too rapidly to be arrested by leeches and other local antiphlogistic measures. Therefore I suppose we must conclude, that though an earlier diagnosis of the extent of disease of the joint might have saved suffering by an earlier amputation, it could not have saved the limb. With regard to the diagnosis, it must be remembered that the signs of suppuration within the knee-joint were masked by an early escape of the pus. This fact renders the case more instructive, for it is a rare occurrence, one which you would not readily expect, unless you looked for it as a possible contingency.

In my next clinical lecture I will talk to you regarding seven patients I have now in the Hospital, whose knee-joints have been diseased. All are nearly well; so that I hope I have succeeded, with one exception, in saving their limbs from the knife and the saw, and all their bodies from an early grave. The exception is the one whose knee-joint I excised, and who is so nearly sound, that I expect he will leave the Hospital in about a fortnight.—*Lancet*, Jan. 5, 1861.

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Clinical Lecture on Blows on the Eyeball, attended with Rupture or Laceration; and Disturbance of the Contained Parts. By Haynes Walton, Esq., Surgeon to St. Mary's, and the Central London Ophthalmic Hospitals.—Gentlemen: Blows on the globe of the eye may cause rupture of its coats, or the separation, or dislocation, of some of its internal parts. Bursting is no uncommon occurrence, and when the sclerotica suffers, the superior, or the internal portion, between the cornea and a line concentric to the attachment of one of the recti muscles generally gives way. I have seen but one exception, when the rupture was on the outer side. It has been suggested that the sclerotica tears at a point nearly opposite to that which is struck, the blows which reach the eyeball being, for the most part, on its lower, or its outer side; the upper edge of the orbit and the noso protecting it in these positions. The vitreous humour may escape in greater or lesser quantity, and accompanying this may be prolapse of the retina and the choroid. With so much damage the organ is very often destroyed. In a few cases I have seen profuse hemorrhage.

Loosening of the lens, or more commonly displacement of it, is another effect of blows on the eye and on the head. Dislocation forwards is that most usual; and it may be either alone or in the capsule. If it be thrown against the back of the iris, and does not become opaque, the nature of the accident might be temporarily overlooked. The pupil may be occupied by the lens, but rarely for any length of time, since it either falls against the iris, or, what is more likely, into the anterior chamber. Pain is the usual concomitant of any form of this accident. It may exist with little or no inflammatory action. Sometimes it is of an intensely neuralgic character, portending destruction of vision, not only in the eye, but about the orbit and head. Acute inflammation mostly supervenes, and the organ is destroyed. I have, in a few cases, seen low inflammatory action, with little or no pain, equally fatal. In all cases the dislocated body must be extracted, if possible; but if this be impracticable, it should be reclined.

But the lens may lie in the anterior chamber without any untoward symptoms; and, most assuredly, if no irritation were set up, I should leave it alone and trust to absorption. Even with slight local disturbance, in a patient under forty years of age, I should not interfere. Above forty, when the lens fibres increase in density, and absorption of them cannot quickly occur, I should make the earliest symptoms of irritation the signal for me to act. A dislocated lens and capsule should be removed from the chamber at once, that is, as soon as we are assured that the capsule is present, for months and years may pass away before absorption occurs, and even were it to be effected before the eye has been destroyed, the capsule might prove a source of much irritation, and, perhaps, become the seat of calcareous deposit. Mr. Lawrence mentions the particulars of a patient who occasionally visited the London Ophthalmic Infirmary, with the lens surrounded by its capsule in the anterior chamber, where it had been for twenty-eight years; the general state of the eye is not given.

But the capsule may not get opaque; and how is its presence to be detected? I answer this by an extract from the review of my work on the eye, in the *British and Foreign Medico-Chirurgical Review*, by Dr. MacKenzie. He says "weeks, months, and, I suspect, years, may pass before any decided opacity shows itself in the lens or capsule, provided the latter inclosing the former has been separated from its connections, without any aperture by which the entrance of the aqueous humour is permitted. In such a case, the lens shows itself in the anterior chamber like a drop of water, of different specific gravity from the rest of the aqueous humour, and its margin seems surrounded by a narrow gilt ring of a splendid yellow colour! In this state he had extracted the lens and capsule before they exhibited the least opacity, although they had been dislocated for weeks. This is a point that I have fully considered in the forthcoming edition of my book, now in the press.

I may mention incidentally the particulars of a case of spontaneous dislocation of the lens and its capsule into the anterior chamber, in which the eye was lost by the irritation produced. An overgrown girl of thirteen was brought to me about three years ago, with staphyloma completely around and close to the cornea, enlargement and semi-opacity of the cornea, much pain, extinction of vision, and general redness of the eyeball. While endeavouring to ascertain the cause of all this, an opaque capsule inclosing the lens passed forward into the anterior chamber. I now learnt that for some months this opaque body had been observed to pass from one chamber of the eye to the other. It was at once apparent that all the morbid action was produced by the dislocated part. As the other eye was suffering from supposed sympathetic implication, it was examined carefully, and its lens and capsule, quite opaque, were found to be reclining backwards into the vitreous humour, but yet retained a slight attachment to the lower portion of the suspensory ligament. The necessary operation on the right eye, that of "extraction," was followed by a cessation of all irritation. The parents of the girl would not allow the other eye to be touched.

Mr. Henry Howard relates, in one of the

periodicals, an instance of spontaneous dislocation of lens into the anterior chamber of the eye, being productive of cerebral derangement. A female, aged 30, suffering from pain and inflammation in her left eye for nearly seven months, during the latter three of which headaches, attended with vomiting, were so severe as to deprive her of her senses. Mr. Howard found the whole eyeball inflamed, and the lens, with a small quantity of lymph, lying in the anterior chamber. Extraction was performed; from that time the vomiting ceased, and the head symptoms gradually subsided, and were quite lost after forty-eight hours. The lens must have been contained in its capsule. I am inclined to think that it escaped from its position so inclosed, and not, as Mr. Howard thinks, without it, in consequence of destruction of the capsule by inflammation. It is likely enough that there was softening and giving way of the suspensory ligament.

Many instances of spontaneous dislocation, some in young people, and which are, of course, always associated with morbid changes in the eye, are recorded by the late Mr. Dalrymple and others.

Sometimes there is a rent in the sclerotica, while the conjunctiva remains intact, or but slightly torn; the crystalline lens is forced out of the eye, and rests between these in close proximity to the cornea, constituting what is called "external dislocation of the lens." With this the iris is more or less paralyzed or torn, and a portion, I believe, always carried out with the lens. Much blood is effused within the eyeball, yet vision may be retained.

The removal of the lens is the proper course. The simple process of raising the conjunctiva, snipping it, and removing the body is easily effected. It has been suggested not to interfere till a fortnight after the accident, that an opportunity may be afforded for the healing of the sclerotica; and that a simple rupture thereby may not be converted into a compound one, and the chances of recovery perhaps materially diminished. Certainly this would not be advisable if the pressure of the lens was productive of pain or irritation. In two cases I tried the method, but I conferred no benefit on my patients. In one, a young adult female, at the end of a fortnight the lens had become decomposed, and now was revealed the cause of the undue irritation, which before was unaccountable. In the other there was continual pain. Henceforth, I shall do that which appears to me more consonant with sound surgery, viz., to get rid of the extraneous body as soon as it is practicable; in fact, to apply here the rule that is absolute, regarding the removal of extraneous matters from other parts of the body.—*Brit. Med. Journ.*, Dec. 22, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

A Case of Fœtal Retention. By Robert E. Peyton, M. D. of Fauquier Co., Va.—In April, 1843, I was called to a poor woman (35 years of age, and the mother of ten children) who had been for some hours in hard labour, attended by a coloured woman as midwife. The midwife becoming impatient of delay in the case, had repeatedly raked her fingers downwards over the womb, from its fundus to the pubis, for the purpose of hastening the delivery. By this action violent pain and inflammation were produced in the right side, and the labour ceased. Such was the condition in which I found her upon my arrival.

By appropriate remedies she was, in a few days, recovered from her perilous condition; but there was no return of labour; and the child, which was alive before the injury, was then evidently dead; and the womb was adherent to the right side of the abdomen.

From that time to the present, the health of this woman has not been good, though she has continued to engage herself in her household affairs. For a long time she complained of soreness in her right side, where a hard mass could be plainly felt; and a purulent matter, mixed sometimes with shreds of skin, was discharged from the vagina. Her menses, after a while returned, but were disposed to be in excess; and I had, repeatedly, to give her remedies for this, and the consequent debility. Nothing else has been passed, excepting some finger or toe nails, and two small phalanges; one of which was preserved and given to me. I have furnished her with medicine twice, only, in the last five years, previous to the 8th inst., when I was again called to see her. I found her feeble and thin, and troubled with dyspepsia, and some hysteria. All discharge from the womb has ceased for some two or three years; she has no soreness in the right side ordinarily, but it is tender upon pressure. The skeleton of the child can be plainly felt—a hard mass, reaching up from the pubis in an oblique direction, to the right hypochondrium. The neck of the womb is obliterated; the vagina stretched back; and the os lifted up as in the eighth or ninth month of pregnancy.

This case was published in the *Boston Medical and Surgical Journal* of 1844 or 1845; and I then promised if I lived to see its final termination, to give the further particulars to the public. As, however, it is plain that without some accident to bring on inflammation and suppuration, it is likely to remain "in statu quo," during the life of the patient; and as I may not be the longest liver, I deem it proper, now, to make the above publication.

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Death following the Inhalation of Chloroform.—Dr. J. B. PORTER, Surgeon U. S. A., and C. B. BREWER, Assist. Surg. U. S. A., relate (*Maryland and Virginia Med. Journ.*, Feb. 1861) an instance of this in a dragoon admitted into hospital at Camp Floyd, with a dislocation of first phalanx of left thumb backward on metacarpal bone. Every effort having failed at reduction, it was determined to give chloroform before further efforts were made. About 3½ o'clock P. M., the patient having been placed in a recumbent posture near an open door, with his clothes freely loosened, the inhalation was commenced. One fluidrachm of chloroform was poured upon a small linen handkerchief folded in funnel shape and applied to the nostrils, and this was frequently withdrawn for a moment to permit sufficient air to become mixed with the vapour.

The effects became first apparent by a slight jactitation of the head and staring of the eyes, followed by tossing about of the arms, efforts to arise from bed, and noisy inarticulate exclamations. The muscles were somewhat rigid; pulse good. Another fluidrachm was applied to the handkerchief and held a short distance from the nostrils, when he became more quiet, and the pulse calmer but good. Just as the third fluidrachm was about being poured on the handkerchief he was pronounced relaxed. At this moment foam appeared on the lips, the patient gave a stertorous inspiration and a convulsive extension of the limbs, and the pulse ceased in an instant. It is not certain that the patient ever breathed again.

Every effort at resuscitation failed.

Post-mortem eighteen hours after death. Externally, much congestion was apparent over the whole surface of the body, particularly of the face, neck and upper extremities; rigidity of the neck and limbs; discharge of frothy blood from the mouth during the night.

Sectio Cadaveris.—Much congestion of the vessels of the scalp on making the incisions, followed by slight discharge of blood, and the whole scalp appeared to be somewhat thickened by engorged blood-vessels. During the opening of the cranium about one pint of dark coloured blood flowed from the vessels. The dura mater and the pia mater were engorged with blood. The cortical substance of the cerebrum presented a normal appearance, but the medullary portion was punctatedly injected, dark blood oozing out on pressure.

On opening the lateral ventricles, a mixture of blood and serum was found, the right containing about a teaspoonful, the left somewhat less; the plexus choroides were greatly engorged with blood; and the corpora striata and other portions were injected. The right ventricle was more engorged in all parts than the left. The other ventricles presented a natural appearance. Both the arteries and veins of the surface of the cerebellum were filled with blood, and the two sets of vessels could be easily distinguished, the arteries being of a vermilion hue and the veins of a dark purple. The central substance (arbor vitæ, &c.) was diffusedly injected on the right in a much greater degree than on the left.

Thorax.—The lungs presented no unnatural appearance; the posterior portions were somewhat darkened by the gravitation of the circulating fluids. The pericardium contained something less than a teaspoonful of serum. The heart itself was of a healthy appearance—somewhat smaller than the usual standard; tissue solid: and perhaps there was a little more fatty matter about the auricles than usual, but nothing like fatty degeneration. It contained about four ounces of fluid blood, and the valves were perfectly healthy.

The patient was in the habit of indulging in the free use of ardent spirits to intoxication.

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American Medical Association.—The fourteenth annual meeting of the American Medical Association will be held in Metropolitan Hall, city of Chicago, commencing on the first Tuesday in June next. Each regularly organized Medical Society is entitled to send one delegate for every ten of its members; and each Medical College is entitled to two delegates. It is desired that the names of delegates should be forwarded to the undersigned as soon after their appointment as practicable.

H. A. JOHNSON,
Assist. Secretary.

CHICAGO, Feb. 1, 1861.

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Anæsthesia.—The question of the entire immunity from danger which is claimed for Anæsthesia produced by Ether, being still under discussion, the Boston Society for Medical Improvement has appointed the undersigned a Committee "to investigate the alleged deaths from the inhalation of SULPHURIC ETHER, and to report thereon."

They would therefore request the Medical Profession, or any person into whose hands this may fall, to communicate to either of them such cases, coming within their own observation, as shall serve to this end; giving the place, time, and circumstances of their occurrence, with the mode of inhalation adopted, and, especially, information in regard to the following points:—

1st—*The kind of Ether used, whether pure Sulphuric Ether, Chloric Ether, or Ether combined with Chloroform.*

2d—*The period after inhalation at which death occurred.*—

Also any other facts which may enable them to form an opinion on the subject of their investigations.

RICHARD M. HODGES, M. D.
GEORGE HAYWARD, M. D.
SOLOMON D. TOWNSEND, M. D.
CHARLES T. JACKSON, M. D.
J. BAXTER UPHAM, M. D.

—

Jefferson Medical College, Philadelphia.—Dr. CHAS. D. MEIGS, the eminent Professor of Midwifery in this school has resigned his chair. The trustees, as an evidence of their high appreciation of his merits, have with great justice elected him emeritus Professor of Obstetrics. Dr. Meigs has with great liberality presented to the college his valuable museum collected by him to illustrate his lectures.

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OBITUARY RECORD.—Died in Philadelphia, March 4th, 1861, THOMAS HARRIS, M. D., U. S. N., in the 78th year of his age. Dr. Harris was for many years chief of the Bureau of Medicine and Surgery of the U. S. Navy. He was a most accomplished and skilful practitioner and high-minded gentleman, and enjoyed the respect and confidence of a very large circle of friends.

——— in Philadelphia, March 3d, Dr. Wm. Harris, aged 68 years.

FOREIGN INTELLIGENCE.

Restoration of Animation.—Dr. RICHARDSON in his third Lettsomian lecture made some extremely important remarks on this subject. The lecture opened with an experiment. A rabbit that had been killed with chloroform just previously, was operated on as follows: The chest was laid open, and the pericardium removed from the heart; a small opening was now made through the left ventricle, and a pipe was passed into the aorta and tied in the vessel; water, heated to 115° Fahr., was now slowly injected into the arteries, when every limb of the animal took on muscular action. This effect was kept up for some time; and when the injection was stopped to allow the lecturer to go on with his discourse, there were still brisk muscular movements. Commenting on this experiment, Dr. Richardson said that he had extended its operation to cases where death had been caused by drowning and by carbonic acid. After both these modes of death, the same contractions could be produced; but they were less active than after death by chloroform.

Reasoning on the cause of the phenomena that had been shown, the lecturer said that caloric, in his opinion, is the relaxing force in muscle, and that contraction of muscle is due to a resolution of the caloric by the action of another—an electro-nerve—force.

The effects observed, the lecturer continued, could be so materially modified by heat, that by modification of degree he could make a muscle quiver, contract alternately, convulse, or become tetanic. The force called the *vis insita* of muscle by Haller, resolves itself into contraction of muscle on abstraction of caloric—an act which may thus take place without the interference of the nervous system.

In life the muscles act, however, under obedience to the will, through the agency of the nervous system. How this is brought about formed an interesting subject of discussion. On the point of nerve force, or electro-nerve force, Dr. Richardson advanced a view differing materially from that which is generally received. He taught that the special force residing in the nervous system is not generated specially in the ganglia or centres, but everywhere where there is nerve; that this force does not travel from the centres to the periphery, either in intermittent or continuous current, but exists, wherever there is nerve supplied by blood, in a state of equilibrium; and, lastly, that every impression made on the nervous system, and so on the brain, is not by a nerve acting as a specific conductor, but by a disturbance in the equilibrium of the nerve fluid altogether. This nerve force or fluid, at the instance of the will or of impressions made on it from the external world, exerts a counter influence in the muscular fibre to that which may be called the force of the muscle itself, or the force which holds the muscle in a state of passive elongation. Under this counter influence the diameter of the fibre is changed from the long to the transverse, so that, without losing in bulk, the muscle contracts and shortens.

After giving illustrative experiments, in which the calorific and the electrical forces were made to counterbalance each other in muscle, the lecturer added, that if he could disconnect from the nervous system every portion of muscle, and leave the nervous system entire as a great skeleton, with its blood supply still perfect, that system would exist as a motionless intelligence; while, on the other hand, if he could strip the muscular system of every portion of nerve, and leave the muscular skeleton with its attachments complete, and its circulation uninjured, that muscular skeleton would remain an unintelligent mechanism, requiring now the intelligential part of another and more perfect body to bring it into action and guide it in its course.

The last section of the lecture was on the subject of reanimation after certain forms of death. The lecturer's remarks in this section included the history of a long series of experimental researches on resuscitation, the most prolonged and varied researches perhaps in this direction that have been as yet instituted. Artificial respiration, electrization, and injection of various fluid substances into the circulation had been the means employed; but these had been varied and applied in a manifold manner. The history of these inquiries was so arranged as to bring out all the points of failure rather than successes, real or partial. The reasons why artificial respiration fails; why emphysema of the lungs is often a result after every mode of artificial insufflation; why the paralyzed heart cannot be restarted; why electricity exciting powerful contractions in voluntary muscles, so that the animal seems to relive, does not complete the process;—these and other analogous points were summed up with much precision and experimental argument. The failures related, though numerous, did not dishearten the lecturer, who asserted that all the facts leading to a definite mode of reanimation were probably in our hands, or soon would be, and that the problem is so near to solution that any day may bring it forth in all its magnificent solemnity.

The summary of the means to restore animation was thus given: Artifical respiration should always be first tried, in the hope that there may still be some remaining action of the heart. Artificial respiration after fifteen minutes need be used no longer. It will simply cause emphysema of the lungs. In every case where artificial respiration is used, it would be a great advantage to increase the temperature of the air inspired to 130° Fahr. In the receiving houses for the recently dead it would be advisable to have a room, the air of which was heated to 130° or 150° for inspiration. If electricity be used, the feeble electro-magnetic current is best. In application the positive pole, insulated except at the extreme and probe-pointed end, should be passed down the external jugular vein to the heart, or through one of the arteries; the negative pole, insulated also to the tip, should be passed through the thoracic wall to the external surface of the cardiac structure. The last means, and the most promising, consists in endeavouring to inject the muscular structure of the heart with fresh warm blood, artificial respiration being meanwhile sustained. This injection can only be done by directing a stream of blood through an artery towards the heart. It remains still a desideratum to invent a fluid easy of construction out of the body, which shall in its properties in some measure represent blood itself.—*Lancet*, March 9, 1861.

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Persevering Frictions in Asphyxia.—The "*Bulletin de Thérapeutique*" mentions a case belonging to M. Pingault, of Poitiers, in which these frictions were successful. A young man had received in a duel a penetrating wound of the chest, and lay cold for fourteen hours, with very distant beats of the heart. During all this time, two men made vigorous frictions with hot towels which were handed to them; and, at the end of the fourteen hours, the pulsations became more frequent, and the patient finally recovered. A second case is mentioned, where version was performed in placenta prævia, and the lady was dying from hemorrhage. Three hours' frictions with hot spirits over the præcordial region, and on the whole body with hot towels, restored her.—*Lancet*, Feb. 23, 1861.

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Galvanism in Hallucinations. — The Paris correspondent of the *Lancet* writes: The employment of the continuous current of Voltaic electricity, as a therapeutical agent, in certain forms of chronic disease, is not by any means a new idea; but the recent application of a long-sustained electrical stimulus to the treatment of patients affected with hallucinations, as suggested by M. Baillarger, of the Salpêtrière, has a decided claim to originality. In several cases of hallucination in connection with the sense of hearing, the efficacy of this method has been tested, and with most encouraging results. The first patient submitted to the above treatment was a single lady, aged sixty-four, who was admitted into the hospital in February, 1859. She stated, that a month previously, after a mental shock and sudden fright, she had begun to hear voices speaking and calling to her without any intermission. As this lady's health was indifferent at the time, a tonic course was prescribed and pursued for the space of a year, with the effect of improving the general state, but without modifying the hallucinations; on the contrary, the mental symptoms had assumed a more aggravated character, and the imaginary voices now accused the poor creature of lying, thieving, of devouring a child, &c., all of which charges she was beginning to believe as true, and her state of melancholy augmented accordingly. The treatment by electricity was now commenced. The extremities of two wires, in connection with a portable Voltaic pile, were imbedded in two small bits of sponge, and these were inserted, one into each of the patient's ears. On the day succeeding the application of the wires, the voices seemed less loud; a day later, they entirely ceased for a short time; and, after many alternations of improvement and relapse (during part of which the treatment had been virtually suspended from some defect in the battery), the hallucinations disappeared in the month of August to return no more, viz., six months after the commencement of the trial. In two other cases the cure has been equally complete, though practically, in these latter instances, as the malady was of a recent date (two months' standing), success, in a scientific point of view, is less important than in the one already narrated, where the perversion of the auditory sense had existed for a year previously.—*Lancet*, March 2, 1861.

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Revaccination.—The Report of the National Vaccine Board for the year 1860, has been presented to the Privy Council. The Board state in this report that, although smallpox has not prevailed in this country during the year to the same extent as in the preceding, it has nevertheless occurred sufficiently to keep alive the alarm which had been excited during the former period; but the experience of the Board, which has now extended over more than half a century, is entirely opposed to such alarm. Although many cases of smallpox, some of them fatal, have occurred amongst persons reputed to have been vaccinated, it has been ascertained on close inquiry, that by far the larger proportion were either imperfectly vaccinated in the first instance, or were vaccinated only in infancy or childhood. The Board have no evidence whatever that the frequent repetition of vaccination is necessary or even desirable; but they state that many facts tend to render it not improbable that vaccination performed in infancy may lose its protective power after adolescence. On these grounds, they add, revaccination at an early adult age would appear desirable. The report is signed by Dr. Mayo, President of the College of Physicians, and by the senior censor; by Mr. South, President of the College of Surgeons; and by Mr. Simon, medical officer of the Privy Council. The Board supplied 219,490 charges of lymph in the course of the year.

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Smallpox.—The following interesting facts, related in the last Report of the Medical Officers of the Smallpox Hospital, are worthy of note.

"The medical officers stated that, in their last annual report, they had to call attention to the epidemic of smallpox, which had then been raging with greater intensity than had ever occurred before since the foundation of the hospital in 1746, there having been 91 patients in the hospital on December 31, 1859, while the number was only 27 for the corresponding period last year. The influence of that epidemic, however, had been felt in a marked degree during the past year up to July last, although there was some abatement in June; and consequently for more than half the year the average rate of admission had been more than 105 a month, while for the remainder of the year it had only been about 27 a month. Of the 875 patients admitted during the past year, 858 were cases of smallpox, one being a case of secondary smallpox—an attack of the casual disease after inoculation, and 17 cases of other eruptive diseases; of these 858 cases, 161 had occurred to unvaccinated persons, and 697 to those who had been vaccinated; the proportion of the vaccinated being, therefore, as large as 81 per cent. The number of deaths which had occurred —123—gave a mortality of 14 per cent. on the gross admissions; but one of these persons had died of disease of the lungs, another of scarlet fever, and nine were attributable to superadded or hospital disease. The mortality among the 161 unvaccinated cases was 56, or 34.78 per cent.; while among the 697 cases, it was but 66, or 9.46 per cent. The number of patients vaccinated at the hospital during the year had been 310."—*Brit. Med. Journ.*, Feb. 16, 1861.

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Tar and Copaiba.—M. Ricord has lately combined tar with copaiba in the treatment of gonorrhœa, this combination having been proposed by a pharmaceutical chemist to the Academy of Medicine. These substances are said to neutralize each other's noxious tastes, and the combination seems to prevent the sometimes unpleasant effects of the copaiba. The compound is administered in the form of capsules. Take 4 lb. 7 oz. of copaiba, 7 oz. of Norwegian tar, and 5 oz. of calcined magnesia, to make 4000 capsules. Dose, 15 capsules per diem. The same surgeon also combines the copaiba with pepsine and bismuth, to prevent the drastic effects of the balsam. Take 5 lb. 7 oz. of copaiba, 1 lb. 3 oz. of neutral pepsine, 4 oz. of trisnitrate of bismuth, and 6 oz. of calcined magnesia, to make 6000 capsules. Dose, from 15 to 18 per diem.

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Iodide of Ammonium in Constitutional Syphilis.—Dr. Gamberini, of Bologna, published some time ago a memoir on the advantages afforded by the employment of the iodide of ammonium in cases of constitutional syphilis. This practitioner again comes before the public with a fresh contingent of cases, in order to support the claims of this drug, and its superiority over the iodide of potassium. The merits upon which the author chiefly takes his stand, are those of equal efficacy in smaller doses and greater cheapness—both considerations not to be lost sight of either in hospital or private practice.—*Lancet*, March 2, 1861.

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Cod-liver Oil Pills.—This problem, which has for a time fruitlessly engaged the attention of pharmacists, has been definitely solved, and cod-liver oil may now be exhibited in a tasteless, inodorous and *solid* form. Physicians are sometimes backward in prescribing cod-liver oil as a remedy for the rusty and often immovable mechanism of the human lock, on account of the natural repugnance shown by patients to its taste, odour, and oily nature. Numerous messes have been invented and described for doing away with its nauseous qualities; indeed, one person who used to advertise, in various journals, a method of rendering cod-liver oil palatable, must have made a small fortune in postage stamps, to judge from the number of times his advertisement made its appearance. We have been favoured by an eminent French pharmacist with a specimen of cod-liver oil pills, in which the chemical and curative principles of this medicine are contained in a concentrated form. They have the appearance of a small chocolate *bon-bon*, and, being tasteless and inodorous, may be kept in the mouth before swallowing without any unpleasant result. We are at present unauthorized to state the exact composition of these pills, and must confine ourselves to mentioning, that from the chemical analyses and medical experiments to which they have been submitted, their efficacy has been fully proved. The inventor deserves the gratitude of all who are condemned to take this disagreeable, but precious remedy. The manufacture of the extract has proved quite successful in France, and will be immediately commenced in this country. The invention is patented.—*Chem. and Druggist.*

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On the Movement of Rotation determined by Injuries to the Cerebellum.—M. GRATIOLET lately read to the Academy of Sciences in his own name and in that of M. Manuel Leven, a memoir "On the Movement of Rotation determined by Injuries of the Cerebellum." The authors of this memoir have had in view the ascertaining of the immediate causes of the phenomenon of rotation observed in animals after injuries to the crura or to the lateral lobes of the cerebellum, and the explanation of the singular deviation of the eyes accompanying this movement. Through a small hole drilled in the occiput of an animal a cutting needle was introduced, and a vertical section of one of the lateral lobes of the cerebellum made towards its middle. The animal turned immediately towards the injured side, the eye on the sound side looking forwards and upwards, that on the injured side being carried in an exactly opposite direction. There were no symptoms of facial hemiplegia; the trunk was, as it were, twisted towards the injured side, the fore-legs being impelled in an opposite direction. The general sensibility of the animal was intact, the function of deglutition was performed with regularity, and both the senses of vision and hearing were perfect. The movements of rotation, generally continuous, could, if they ceased, always be reproduced by a trifling noise or menace—taking, in fact, the place of all regular locomotion, and being to a certain extent voluntary. On the day after the performance of the operation, the animal, fed with milk, by degrees ceased to turn, and lay down on the same side as the injury to the cerebellum; and in three or four days' time he was able to stand, and then later to walk in the direction of the food offered to him. Whilst executing the latter movement, the animal was seen to experience considerable difficulty in maintaining his head in the axis of his body. In this position, too, the peculiar strabismus before noticed was very marked; and if the animal's attention was by any means distracted from its object, the head would be seen gently to return towards the side of the lesion, until a certain and constant degree of deviation had been attained, at which moment the ocular divergence completely disappeared, and the eyes regained their normal and reciprocal equilibrium. But whenever the head returned towards the axis of the body, the squint was immediately reproduced. How is it to be explained that, as really occurs, within a few days after the section of the cerebellum, and whilst the wound of the brain is still open or filled with a clot, the animal is able to correct the species of traumatic illusion and regain the normal use of its limbs and eyes? That such is the case, not only MM. Gratiolet and Leven testify, but many other observers also, and chiefly M. Flourens. The latter physiologist has demonstrated by experiment that an animal almost entirely *deprived* of its cerebellar lobes can in course of time completely recover the power of co-ordination. M. Gratiolet offers an explanation of this fact by saying that, in reality, the injuries sustained by the cerebellum derange the automatic and involuntary principle of co-ordination only; but that when the cerebral lobes are entire, these are able, by a constant application of the will, to modify the altered automatic tendencies, and re-endow the body with a new harmony.—*Lancet*, Dec. 29, 1860.

Tea.—Dr. Edward Smith has related, at a meeting of the Society of Arts, the results of investigations as to the action of tea. They contradict preconceived notions, as well as the conclusions of previous observers. It has been stated by Boecher and others that tea has the power of preserving the tissues of the body from waste. The general conclusions of Dr. Smith are, however, that it hastens and facilitates the waste of the body. In every experiment, moderate quantities, uniformly and regularly increased the respiratory changes, so that there was an advance of from one-fourth to one-fifth in the quantity of carbonic acid which was evolved from the lungs; the greatest effects occurring in from forty to fifty minutes, and the whole effect subsiding in from an hour to an hour and a half. When the dose was divided, as 25 grains of tea every quarter of an hour for six doses, instead of 150 grains in one dose, the action was much more uniform and sustained—a point of some interest in relation to the posology of medicines. Dr. Smith states that tea exerts an action in increasing the perspiration by the skin. Therefore he agrees with the Chinese that it is "of a cooling nature," and especially if taken with hot water, "when the perspiration becomes oftentimes very profuse, and the subsequent cooling proportionately rapid." We are not, however, disposed to admit that a drink which produces profuse perspiration is therefore a cooling drink. All hot fluids will do this, and perspiration is a means of coolness, but certainly far from a test of it. Few people, except perhaps a very refined physiologist, on seeing a man sweating in the sun, or perspiring after a draught of hot fluid, would say, "See how that man is cooling himself." And more expeditious means for cooling oneself could certainly be devised than that of inducing profuse perspiration. Ginger, salt, or lemon, Dr. Smith observes, when added to the tea, will counteract its cooling property. In fine, he concluded that the essential effect of tea is to promote all vital actions, and to augment the functional activity of the skin. Hence it increases the assimilation of the food, both of the flesh and heat-forming kinds, and, with abundance of aliment, it must promote nutrition, whilst, in the absence of sufficient food, it increases the waste of the body.

Amongst the conclusions which Dr. Smith draws are, that tea should not be taken at breakfast, except there remains unused food from the supper on the previous night, or except the system be usually too full of nutritive material, as in those who dine heartily at a late hour; nor with our principal meals, or those at which we take the greater part of our animal food, for after such meals a dry and hot skin—that is, lessened action of the skin—is a natural effect, and this would be opposed by the tea.

This does not leave a very wide margin of time for its consumption, although it allows tea to be taken an hour or two after dinner—when, in fact, it commonly is taken.

Dr. Smith deserves great credit for laboriously working out these conclusions and, as one speaker said, thus persecuting himself from day to day. Amid much that is interesting and important, we regret to find but little reference to the action of tea on the nervous system. You can kill a frog with half a grain of theine; and every one can bear testimony to the influence of black and green tea on the cerebral functions and on the nervous system. These effects are not to be confounded with merely chemical changes, and this part of the subject especially requires further study.—*Lancet*, Feb. 23, 1861.

Influence of the Recent Cold Weather in London on Hospital Practice.—It might have been expected that the fortnight or more of unusually severe cold which we experienced immediately before and about the commencement of the New Year, would have been productive of very noticeable effects on the health of the poorer classes. More especially might such have been anticipated from the circumstance that the period referred to was to many one of great privation, as regards food, fuel, and clothing. The Registrar's Reports prove that it was one of very greatly increased mortality. As regards the practice of our large hospitals we have not, however, been able, after rather extensive inquiries, to make out that any very appreciable influence has been noticed. No particular class of diseases has been unduly prevalent, with the exception, perhaps, of broncho-pneumonia, which, according to the impressions of most physicians, has been very common. It may, perhaps, not be uninteresting to our readers if we glance briefly at some facts, most of them negative, which have come to our knowledge in the course of visits to the different hospitals.

All familiar with the social habits of the poorer classes, are acquainted with the fact that hospitals clear out rather extensively about Christmas. The present winter has, we believe, been no exception to this rule; and, despite the distress believed to be prevalent, most of our larger institutions had numerous vacant beds during Christmas week. During the early part of the frost the number of accidents from falls was very large indeed. What with broken collar-bones, fractures of the humerus, Colles' fracture of the radius, etc., the casualty dressers at the larger hospitals were almost unremittingly employed. At the London Hospital during one day, no fewer than five dislocations of the elbow backwards required reduction, and the same accident was noticed as very common at other hospitals. Of the severer class of injuries, compound fractures, etc., there was no unusual prevalence, a circumstance which is, perhaps, explained by the less than usual extent of Christmas drunkenness, owing to the want of money among a large portion of the labouring poor.

Of severe frost-bites we have heard scarcely anything. In one instance a coloured sailor was brought to the London Hospital, with both feet frost-bitten, and died of tetanus a week later. No other similar case has been admitted into that hospital, or as far as our inquiries have extended, into any of the others.

Chilblains have been common in the out-patients' rooms, and became so more especially after the thaw set in, and whitlows also have been frequent; but neither of these affections appear from general report to have been more prevalent than they usually are at this time of the year.

That cases of cerebral apoplexy have been remarkably frequent has been a matter of common observation, and to this fact the Registrar-General's Reports have borne testimony. Our General Hospitals, however, do not appear to have experienced any material increase of their usual ratio of these cases. At the Moorfields Ophthalmic Hospital it so happened that almost no new cases of apoplexy of the retina were registered during the cold weather, nor has there been any increase in the average proportion since the thaw. The report of all Ophthalmic Surgeons with whom we have conversed, was that they had not noticed any cases of eye disease in which the coldness of the weather was supposed to have been the producing cause. In connection with the subject of apoplexy and ruptured arteries, we may just note that an unusual number of aneurism cases are at present under treatment in the various hospitals. This may, however, be merely a coincidence, as rare examples of disease are often noticed to come in batches.

Amongst the diseases which were very frequent during the cold, but respecting which it is difficult to explain its influence, was strangulated hernia. At the London Hospital during one week four cases required operation, the average of the year being about one a week; and a similar ratio of increase was, we believe, observed at some other institutions. To a certain extent, the same causes which increase the number of fractures and dislocations are likely to increase also that of strangulated herniæ; but few, however, of the patients in whose cases we had the opportunity of inquiry, referred the descent of slips in walking. One man who had been operated on for inguinal hernia, averred that his protrusion had occurred in consequence of his being "perished with cold," and without any straining whatever. He had felt the cold very acutely through the day, and whilst lying in bed awake and exceedingly starved, the hernia slipped down, and "he felt as though he could not help it." The expressions which he used suggested the possibility of there being a state of benumbing from extreme cold during which the reflex activity of the muscles tending to prevent hernia is partially suspended.

Boils and carbuncles have been frequent, as they always are in the winter months, but not more than usually so during the frost; cold and damp probably have more to do with the production of them than has clear frosty weather.—*Med. Times and Gaz.*, Feb. 16, 1861.

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OBITUARY RECORD.—Died, Jan. 15, at Geneva, Dr. J. P. Maunoir, aged 93, well known as an accomplished ophthalmic surgeon, and as a skilful physician.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Diphtheria: its Symptoms and Treatment. By WILLIAM JENNER, M. D., Special Professor of Clinical Medicine, University College; Physician to University College Hospital; the Hospital for Sick Children, etc.[1] Delivered to the Medical Clinical Class at University College Hospital.

LECTURE I.—*Description of Diphtheria; Pathological Appearances in Diphtheria; Varieties of Diphtheria, Mild, Inflammatory, Insidious, Nasal, Primary, Laryngeal, Asthenic; Septicæmia as a Consequence of Diphtheria; Duration of Diphtheria; Emphysema in Diphtheria.*

GENTLEMEN: On the table are several pieces of "false membrane," coughed up by a young gentleman twenty-one years of age, while suffering from diphtheria; also

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[1] "Thinking" the author says, "that even an imperfect and incomplete account of the present epidemic of diphtheria in London, by a practitioner who has seen most of its severer phases, would be acceptable to the profession, I determined to publish my experience. The symptoms of diphtheria, during the present epidemic, agree in all essential particulars with those observed in past epidemics. Indeed my study of the histories of epidemic and other diseases, leads me to the conclusion that diseases preserve their essential characters and natures from age to age, while the opinions of the profession respecting them and their treatment change from year to year. This change seems to be sometimes the result of the personal sway of some influential teacher—sometimes the result of real advances in pathology and therapeutics.

"The Lectures are dogmatical in tone, because they were addressed to students; and I believe dogmatism to be essential for successful student-teaching. I endeavoured to make them practical in regard of diagnosis and treatment, because they were delivered to a clinical class. The details of the cases are few, partly because the majority of the patients were seen in private, and partly because I have found that students are more confused than instructed, when copious details of a case are placed before them.

"Since the Lectures were delivered, several other cases of diphtheria have come under my observation. Some of these having presented special points of interest, or peculiarities illustrating general statements in the Lectures, I have added materially to the text, and slightly modified its arrangement."

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the pharynx, larynx, and lymphatic glands connected with those parts, from two children who died a few days since from the same disease.

Diphtheria is one of the acute specific diseases; that is to say, it is a general disease, runs a quick and definite course, and has a specific cause. Its anatomical character is—spreading inflammation of the mucous membrane of the pharynx, attended by exudation of lymph.

About three years since, diphtheria became epidemic in London. Since the early part of 1858, I have seen about fifty-eight cases, of which thirty-four have proved fatal.[1] And these cases have, with few exceptions, been scattered over the district bounded on the south by Holborn and Oxford Street, on the north by the Highgate and Hampstead hills, on the east by Hackney, and on the west by Shepherd's Bush: they may be considered to represent the general characters of the epidemic in its severer forms in the north of London. As several of the cases occurred within the last three weeks, and as they differed in no essential particulars from some of the cases I saw three years ago, I conclude that the epidemic preserves its original characters.

As in the other acute specific diseases, so in diphtheria, the general or the local symptoms may predominate, and give its special feature to the case. The patient may die from the severity of the general disease, or he may die from the severity of some one of its local consequences. In this particular, diphtheria bears a closer affinity to typhoid fever than to any of the other acute specific diseases; for in typhoid fever, as you know, the patient may die of the general affection: *i. e.*, of the fever; or, the symptoms of the general disease being trifling in the extreme, he may die of a local consequence of the fever, *e. g.*, perforation of the bowel. Diphtheria is by no means new to England. I have seen cases of it every now and then, as long as I have practised medicine, and the writings of the older English physicians prove that, from time to time, it has been epidemic, or very common, in many parts of England. You will understand, however, that I am to day describing diphtheria as it presented itself in the cases from which the preparations on the table and under the microscope were obtained, and from the other cases of the disease which I have seen during the past three years. I have told you that the anatomical character of diphtheria is spreading inflammation of the pharynx, attended by exudation of lymph. It may be that the mucous membrane covering one of the tonsils is the primary seat of the exudation, or it may be that the arches of the palate, the posterior surface of the soft palate, the uvula, the nares, or the mucous membrane of the pharynx itself is the starting-point of the local lesion. At first there is redness and some swelling of the parts, and perhaps a little excess of mucus on them; then a white or gray patch, due to the presence of a layer of lymph, is seen on the reddened surface. Usually the redness involves the whole mucous membrane within reach of the eye, posterior to, and inclusive of, the anterior arches of the palate, before any lymph is exuded. Sometimes you see at once many little points of lymph: sometimes only one. Thus starting from one or many centres, the exudation spreads anteriorly on to the soft palate, upwards to the posterior nares, and downwards to the upper surface of the epiglottis, and, if not arrested by nature or by art, it descends into the larynx, the trachea, and the bronchi. I have seen, though not during the present epidemic, the lymph extend into the œsophagus and stomach.

Tear off, during life, the lymph from the mucous membrane of the pharynx, and you expose a raw, bleeding surface, which in a few hours is covered by a new layer of lymph.

I have spoken of lymph, but included under the word lymph are a variety of very different looking substances. Sometimes the lymph has a granular appearance and very little consistence or tenacity; sometimes the part is covered with a thinner or thicker coating of a white or gray pulpy substance; so thin, soft, and separated from each other may be the little particles which together form the coating of lymph, that we cannot apply to it, correctly at least, the term membrane; for no shred of lymph can be stripped from the surface. At other times the layer of lymph is very tough, elastic, and as much as one-eighth of an inch in thickness. In the one case, the lymph resembles cream in appearance and consistence; in the other, it resembles wash-leather. Between the two extremes we meet with all intermediate conditions as regards consistence and tenacity.

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[1] From these numbers it is not to be concluded that half the cases of diphtheria prove fatal, seeing that a very large proportion of the 58 cases came under my observation solely because of their extreme gravity, many of the patients being in a dying state.

Pus, granular corpuscles, oleo-protein granules, and epithelium, constitute the bulk of the softer forms of the so-called lymph; such fibres as we see in the buffy coat of blood coagula constitute the bulk of the toughest varieties of "lymph." Now and then, ulceration, and even sloughing, of a superficial layer of the subjacent mucous membrane occurs; and blood and pus, and semi detached pieces of lymph may form fetid shreds of some size.

As to the presence of vegetable growths in the diphtheritic exudation, no doubt they have occasionally been seen; but I am sure they have not been present in several cases I have carefully examined; consequently, I feel satisfied that epiphytes have played no essential or important part in the cases of diphtheria I have seen.

At the bedside, and in this room, I have seized every opportunity of impressing on you the general fact, that when a part is severely or deeply inflamed, the lymphatic glands to which the lymphatics of the inflamed part lead, become the seat of active congestion, and ultimately of inflammatory exudation. In diphtheria we have an illustration of this general law, for the lymphatic glands, to which the lymphatics of the pharynx, &c. lead, are found to be larger, redder, and moister than natural; and, if the disease has continued long, to have that peculiar brittleness, and pale, but brightish red colour, which are characteristic of the presence of inflammatory exudation in the glands. During life we feel the enlarged lymphatic glands behind the angle of the lower jaw on either side, as well as down the neck by the sides of the larynx when that organ is involved in the inflammation. When the discharges from the pharynx are fetid, and the mucous membrane is sloughy, not only are the glands behind the angles of the jaw enlarged, but the cellular tissue in which they are placed is the seat of effusion of serosity, and even of exudation of lymph, and very great general swelling of the part is the result.[1]

After death from diphtheria, too, we find that the inflammation of the pharynx has not been limited to the mucous membrane, or even to it and the submucous tissue, for the deeper parts are thickened and toughened. The contraction of the exudation poured into those parts is sufficient, in many cases, to diminish considerably the capacity of the pharynx, its mucous membrane being thrown, partly from this cause, and partly from its own swollen condition, into longitudinal rugæ. Acute pulmonary vesicular emphysema, the result of the obstacle to expiration produced by the imperfect occlusion of the larynx and trachea; collapse of lung tissue from the combined effects of lymph or mucus in the smaller bronchial tubes leading to the collapsed tissue, and of the impediment to deep coughing offered by the state of the larynx; pneumonia, lobar or lobular, primary, or, as is more commonly the case, secondary to collapse of lung tissue; some congestion of the spleen, of the liver, and of the kidneys, induced mechanically by the state of the lungs; and enlargement of lymphatic glands at a distance from and no ways related to the pharynx—are all the lesions additional to those constituting its anatomical character, which I have found after death from diphtheria during the present epidemic.[2]

The specimens on the table illustrate much of what I have just told you.

In one (specimen 1) we see the reddened mucous membrane of the pharynx, larynx, trachea, and larger bronchi. On the mucous membrane of the pharynx and larynx is a layer of the granular or pulpy variety of lymph; as we reach the trachea, the lymph gains in consistence, so that, towards the middle of the trachea, it can be raised as a distinct membraniform layer; where it can be so raised, its under surface is, here and there, crimson, from a little blood. The uvula is all but *gone* from sloughing, and there is a minute slough on one tonsil. On removing the lymph from the epiglottis, we see a little ulceration of its mucous membrane. The whole tract of mucous membrane covered by lymph is bright crimson and thickened. The microscope shows us that the softest lymph is composed of pus corpuscles—the pyoid corpuscles of Lebert, and other smaller and larger granular corpuscles, epithelium, and oleo-protein granules; and, though we have used reagents to render the animal matter transparent, no vegetable growths can be detected.

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[1] Trousseau attaches much diagnostic value to the enlargement of the lymphatic glands of the neck in diphtheria. I cannot agree with him on this point. The enlargement of the glands has been—in the cases of diphtheria which I have seen—in proportion to the severity and depth of the local, nasal, pharyngeal, laryngeal, and tracheal disease. I have never seen it greater in proportion to the local primary mischief, than in other forms of cynanche pharyngea. In children generally, the swelling of the glands, other things being equal, is greater than it is in adults; and in strumous children the enlargement is always greater, other things being equal, than it is in rickety or in healthy children.

[2] I have seen (though not during the last three years) the exudative inflammation spread down the œsophagus and the stomach, and the mucous membrane of those parts, as a consequence, covered with lymph.

In the second specimen we have a good example of the thick, tough, elastic variety of lymph. In both these cases the local disease extended from the pharynx to the larynx, trachea, and bronchi. If you examine the lungs on the table, you will see that the mucous membrane of the first, second, and third divisions of the bronchi is coated with lymph. The largest piece of the tough lymph (specimen 2) is in the form of a hollow tube, and is evidently a cast of the inside of the trachea. Extending from some of the larger portions are branches, which appear to have been formed in the bronchi. I have placed a little of this tough variety of lymph under the microscope, and you will note the imperfectly fibrous appearance it presents.

In the third specimen on the table, the lymph coats many even of the very smallest bronchi, as well as the larynx, trachea, and large bronchi. The presence of the lymph and mucus in the smallest bronchial tubes, dependent partly on the state of the larynx and trachea, preventing deep coughing, has led to the collapse of the lung tissue: pneumonia, lobar and lobular, has followed. The child from which this specimen was removed was the subject of rickets. Its trachea was opened during life. You will observe that there is neither collapse nor pneumonia of the lung in the first case; the false membrane, as it is called, does not extend beyond the larger bronchi, and the lungs are the seat of acute vesicular emphysema.

As the lymphatic glands connected with the pharynx and larynx are still attached, you see that they are considerably larger, as well as redder and more brittle, than they should be. In neither specimen are the tonsils much larger than normal; but all the tissues of the pharynx and soft palate are thickened in the first specimen; while in the third specimen there is a point worthy of your note, of the highest importance, viz., that, while the larynx, trachea, and bronchi are coated with lymph, there is but a small patch on the pharyngeal mucous membrane; that patch is limited to the posterior wall of the pharynx, and is not in the least degree continuous with the lymph in the larynx. There were here, then, two separate centres of exudation, and the laryngeal exudation occurred for some time before the pharyngeal. The exudative inflammation did not spread from the larynx to the pharynx. The laryngeal symptoms were urgent before the pharynx was in any way affected, and you see most clearly that there is no continuity between the lymph in the larynx and that in the pharynx; that the latter is situated at some distance from the former. In the first case the exudative inflammation began in the pharynx, and spread to the larynx; and we see that the layer of lymph in the pharynx is continuous with that on the larynx, the continuity being well seen on the aryteno-epiglottidean folds. Observe for yourselves the differences in this particular in the two specimens.

The most practical way of making you acquainted with the symptoms of diphtheria, including those which were present in the cases parts of which are before you, will be, I think, to group the cases I have seen, so as to constitute varieties.

First Variety.—*The mild form of diphtheria.*—There are cases in which the general symptoms and the local lesions are trifling, and no sequelæ follow. Of these mild, but unequivocal cases of diphtheria, I have seen only seven; viz., three out-patients at the Hospital for Sick Children, and four cases in private practice.

Here are the particulars of a case of this kind I saw with Dr. Hawkesley.

The patient was six years of age. She had long had chronic enlargement of the tonsils, and suffered occasionally from acute inflammation of the tonsils. In the attack of diphtheria, inflammation of the mucous membrane covering the tonsils and arches of the palate, but very trifling in degree, preceded for some days the exudation of lymph. When the exudation occurred, it was seated between the uvula and the tonsils, on the anterior arches of the palate. In addition to the exudation of lymph, trifling febrile disturbance, the least possible soreness of the throat in swallowing, and a little more swelling of the glands near to the angle of the jaw that is always present in this child, were all the ailments in the case. Dr. Hawkesley examined the urine daily, but no albumen was present, and no affection of the nervous system followed.[1]

Second Variety. — *The inflammatory form of diphtheria.*—Symptoms of severe cynanche pharyngea precede the exudation of lymph in what may be called the inflammatory form of diphtheria. There is, in this variety of the disease, redness, and swelling of the mucous membrane covering the arches of the palate, the uvula, and the tonsils. The redness is in some cases vivid, in others dusky. The swelling of the uvula is frequently considerable, and it often has, from effusion of serosity into the submucous tissue, a jelly-like transparency and aspect. The pain in the act of swallowing is great, so that occasionally deglutition is, from this cause, almost impossible. The febrile disturbance may be extreme, or moderate; the pulse is frequent, but soon becomes weak; there is considerable sense of weakness and of illness. From twelve to forty-eight hours from the first symptoms of throat affection, a layer, more or less extensive, of tough lymph coats the inflamed surface, and when death follows, it does so from extension of the exudative inflammation to the larynx, trachea, &c.

Let me give you an outline of some cases of the inflammatory form of diphtheria.

Dr. E. called on me one morning, complaining that he felt extremely ill and weak, and that his throat was very sore. I found his pulse rapid, but not strong; his skin hot. On examining his throat the arches of the palate and all the parts visible beyond were deep but dusky red and swollen—the uvula was œdematous, the effort to swallow caused severe pain. In three days all the previously red parts were covered by a thick layer of tough lymph, having the colour and general appearance of wash-leather. The disease did not extend to the larynx, and Dr. E. recovered.

Mr. A., who expectorated the cast of the trachea on the table, was a patient of Mr. Pearse, of Tavistock Square. Feeling poorly, Mr. A. left home on last Thursday fortnight, for two or three days—on the Monday following, Mr. Pearse examined his throat, found it dusky-red, and the uvula to have that peculiar gelatinous aspect which indicates submucous serous effusion. On the next day Mr. Pearse observed patches of lymph on the right tonsil and on the uvula. On Friday, not only was there a layer of lymph covering the uvula, arches of the palate, part of the soft palate, and the pharynx, but, by depressing the tongue, we could see the erect epiglottis covered with the same tough lymph. That the patient's larynx was affected was shown by his husky whispering voice, the necessity he was under of sitting erect in bed, the recession of the soft parts of the chest walls when he inspired, the lengthened inspiration, the lividity of his lips, the fulness of his eyes, and the venous injection of his conjunctivæ.

His urine was loaded with lithates; it contained a considerable quantity of albumen, and a very few granular casts of tubes. There is a specimen of the urine on the table, and I have placed some of it under the microscope. A large number of crystals of uric acid have formed in it since it was passed. On Saturday night he coughed up the cast of the trachea on the table, with temporary relief to the breathing. Many large pieces of membraniform lymph were coughed and hawked up the next day, but on Sunday afternoon he died somewhat suddenly. His pulse on Friday was 120; on Saturday 130; and on Sunday midday as frequent. Of seven cases I have seen referable to this variety, three proved fatal; one forty-eight hours from the first symptom, and one (Mr. A.'s) so late as the eleventh day of illness,[1] and all by extension of the exudation to the larynx.

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[1] This variety of diphtheria is doubtless more common than my personal experience would lead me to suppose. It is probable, also, that there are many inflamed throats which have their origin, when diphtheria is epidemic, in the diphtheria miasm, whatever that may be, just as many cases of diarrhœa originate in cholera miasm, when that disease is epidemic. And it is as difficult to say in some cases that an inflamed pharynx is not due to mild diphtheria, as it is to say that a serous diarrhœa is not cholera. Of course one or more members of a family having exudation on to the pharyngeal mucous membrane, and others at the same time having merely inflamed throats, would be strong presumptive evidence that the latter had diphtheria without exudation. As when two children of a family have scarlatina with rash, and a third, at the same time, just before, or just after, has sore throat without rash, we consider there is strong presumptive evidence that the latter was a case of scarlatina sine eruptione. In describing diphtheria in these lectures, however, I have drawn my description from those cases only in which exudation has occurred.

[1] If the diphtheria began on the Monday, then Mr. A. died on the seventh day of illness.

The following is a mild case of the inflammatory form of diphtheria: Eliza R., aged 20, had been in constant attendance on Dr. E. On March the 13th, 1858, she began to feel ill, with sense of weakness and general lassitude. Her throat at this time was slightly sore; her skin was hot, her pulse quick, her bowels confined; she was thirsty, without appetite, and had constant nausea. I saw her on the 18th, when there was, in addition to these symptoms, a patch of lymph on the left tonsil which was red and swollen. On the 20th, she was admitted into this hospital. On this, the eighth day of illness, her skin was still hot, and her pulse frequent but not particularly weak. There was some swelling and tenderness just outside the angle of the jaw on the left side, the lymphatic glands down each side of the neck were enlarged and tender, deglutition was painful, and the voice was hoarse. The patch of lymph noted on the enlarged left tonsil on the 18th had increased in size: it was removed by a pair of forceps, and a raw, red, bleeding surface was exposed. The arches of the palate were very red; and the tongue was covered with a white fur; there was no albumen in the urine.

When rapidly convalescing from the diphtheria, she had, on the 24th of March, an attack of acute rheumatism, from which she recovered in little more than a week, and left the hospital well.[1]

I must add yet one other case of this form of diphtheria, the constitutional disturbance in this case being even less than in Elizabeth R.

Thomas C., aged 33, a night railway-porter, a strong made and generally healthy man, was admitted into this hospital on Sunday, April 4th. 1858.

This man awoke at nine o'clock on the morning of his admission into the hospital (having felt quite well on going to bed a few hours before) with a sensation of "swelling in his throat." The effort to swallow caused intense pain. The surgeon, whom he at once consulted, touched his throat with nitrate of silver. At one o'clock he was seen by my assistant, Dr. Pougnet; the uvula was then so enormously enlarged, "as thick as the little finger," that he could not see into the pharynx.

I saw the man on Monday, *i. e.* the second day of his illness. The uvula was as large as on his admission; its anterior surface was covered with lymph, and when it was raised, on its posterior surface was found a transparent whitish layer of lymph which could be peeled off with a pair of forceps. There was a small patch of lymph extending from the uvula on to the soft palate, which was generally of a bright red colour. The pharynx and tonsils were free from lymph. The lymphatic glands at the angles of the lower jaw, and down the neck on each side of the larynx, were larger than natural, and tender. On the next day the uvula was unchanged in appearance, but the arches of the palate were very red, and dotted over with small patches of opaque white lymph. On Wednesday, *i. e.* the fourth day of disease, the uvula had diminished in size, but the exudation on it formed a thick tough layer. There was a small patch of lymph on the right tonsil. The pain in deglutition was still very great.

On the sixth day the man's general state and local lesion had considerably improved; he looked much better.

Up to this time his pulse had ranged from 88 to 96, and on the fourth day it was noted to be full and hard. The temperature ranged from 99° to 100° Fahrenheit, and on the fourth and fifth days the skin was noted to be hot and dry: before and after that it felt cool to the hand.

On the tenth day the man was almost well, only his uvula was rather redder and larger than natural.

THIRD VARIETY.—*The insidious form of diphtheria.*—In the cases referable to this head there is no severity in the general symptoms, no marked soreness of throat, no notable swelling of the lymphatic glands, but suddenly and, if the pharynx has not been examined, unexpectedly, laryngeal symptoms supervene, and death rapidly follows from suffocation. If the pharynx be not examined the disease is confounded with primary croup.

A child, aged about six years, living in a villa near the Brecknock Arms, had suffered for some days from slight sore throat, but was not thought to be sufficiently ill to require medical advice, or even to be kept in the house, when the sudden occurrence of "croupy" breathing excited alarm. Mr. Baly, of Kentish Town, was called to the child. He found that the pharynx was covered with lymph, and that the larynx was deeply involved in the disease. About two P. M., within an hour of Mr. Baly's first visit, I saw the child with him; the friends declined to allow tracheotomy to be performed; the same afternoon the child died.

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[1] In one case several joints were swollen, hot, and tender during the attack. The patient recovered.

Ten days since I saw a similar case a few hours before death, with Mr. Noyce, of Brecknock Crescent. Several children of the family had just suffered, and recovered without treatment, from sore throat. They had been, in the parents' estimation, worse than was our little patient (æt. 6), when her croupy breathing excited their alarm. The friends declined to allow tracheotomy to be performed, and the child died within forty-eight hours from the supervention of the first laryngeal symptoms.

A child, aged about six years, had suffered for two or three days from sore throat. The surgeon who saw the child before the father left home in the morning assured him that the disease was trifling. On the father's return, late at night, the croupy breathing excited his alarm. I saw the child, with the surgeon, about midnight. There was then rapid pulse, husky whispering voice, shrill respiration, and great dyspnœa. Before seven o'clock in the morning the child was dead.

The infant child, aged eleven months, of a surgeon, had for a day or two slight symptoms of sore throat. The father's fears, although he is an anxious parent and a most intelligent and experienced practitioner, were not excited till between ten and eleven at night, when he noticed for the first time laryngeal breathing. The extreme recession of the softer parts of the chest walls during inspiration proved the impediment to the passage of the air through the larynx There was a little lymph on the pharyngeal mucous membrane when I saw the child about eleven P. M. Before morning it was dead. These cases will impress on you the importance of examining carefully the pharynx in every case, even the most trifling, of sore throat.

Fourth Variety.—*The nasal form of diphtheria.*—Another set of cases constitute what has been termed the nasal form of diphtheria. After some febrile disturbance of low type, a sanious discharge from the nose attracts attention; then the glands about the angles of the jaw swell; the arches of the palate and the tonsils are found to be red and swollen; muco-purulent fluid bubbles in quantity from the narrow isthmus faucium, and prevents you obtaining a clear view of the pharyngeal mucous membrane. After a few days the disease subsides, and you remain in doubt as to its nature; or it spreads to the larynx, and the diagnosis becomes easy, and death enables you to verify it; or some other member of the family or an attendant sickens with unmistakable symptoms of diphtheria. Or the disease begins with trifling sanious discharge from the nares; the lymphatic glands are scarcely at all affected, and the nature of the disease is not even suspected till death is imminent from suffocation; or again, when the exudation reaches the pharynx, the pharyngeal symptoms may be most distressing, and lead to inspection of the part and the detection of the disease.

In November, 1859, I saw, with Dr. Carlill, of Berners Street, a very interesting case of nasal diphtheria, remarkable especially for the difficulty of the diagnosis, even at a time when serious symptoms were present. The patient was a girl aged two years. The parents first observed that the child had a little sanious discharge from the nose, and was very decidedly out of health. The discharge from the nose had ceased when I saw the child. There was no enlargement of the lymphatic glands of the neck. The great feature in the case at that time was frequent vomiting. Almost every attempt to swallow was followed by efforts of vomiting, and the forcible ejection of fluids through mouth and nose. As the vomiting seemed sometimes to come on before the fluids could have reached the stomach, the throat was inspected by both Dr. Carlill and myself; nothing wrong in it could. however, be detected. Although the nature of the case was obscure, the whole group of symptoms present led us to the opinion that they were the consequence of disordered innervation from cerebral disturbance, rather than the result of any throat affection. "Two days," Dr. Carlill wrote me, "after you visited her, I saw a thin pellicle partly covering the velum pendulum palati, and partly detached and hanging down into the mouth. She died the next day, never having been able to swallow more than a small part of what was given her for about six days." The immediate cause of death was the extension of the exudation to the larynx; the child died from suffocation, as in primary croup.

The following case of nasal diphtheria possesses special interest from the chief evidence in favour of the diagnosis being the communication of the disease to another—just the kind of evidence which we consider conclusive in regard of the nature of some obscure cases of scarlet fever.

Master P., aged about two years, suffered some febrile disturbance of low type, and profuse muco-purulent discharge from the nares, and redness and swelling of the velum pendulum palati, uvula, arches of the palate, and tonsils; the posterior wall of the pharynx was not very clearly to be seen, in consequence of the large quantity of muco-purulent fluid that bubbled in the pharynx. Dr. Carlill, whose patients this little one and his brother, less severely but similarly affected, were, thought the cases were true diphtheria. I had considerable doubt on the point. At any rate, as we could see no lymph, and the larynx was not affected, I hesitated to admit it. Dr. Carlill was in attendance from the 15th to the 28th of March, 1860, and a lotion was injected into the nares and throat by Dr. Carlill daily, from the 15th to the 25th. On two occasions Dr. Carlill remembered distinctly that the child coughed some sputa into his face. On April 2d, Dr. Carlill was himself attacked by diphtheria.

Had the child whose case I am now about to relate recovered, and had not the child in the next bed suffered within a few days from unquestionable diphtheria, doubts as to the nature of the disease under which it suffered might have been felt.

William W., aged two years and three months, a delicate child, the subject of rickets, was admitted into the Hospital for Sick Children on the 31st of December, 1860, the rash of measles having appeared on that day. The rash came out full and well; from the first there were abundant sonorous and mucous rhonchi audible over the whole chest. On the 3d of January, that is, the fourth day of the eruption, there was much discharge from the nose, and a little ulceration of the orifice of the nares. His appetite was good, there was no difficulty in swallowing; the skin was very hot.

By ten o'clock the same night a marked change had taken place in the child, and the following notes of its state were made by Mr. Sydney Ringer, the very able Medical Registrar to the Hospital:—

"Child prostrate; pulse 160, weak; respirations hurried but not laborious; no lividity of the face or body. Abundant dirty muco-purulent discharge from the right nostril. Fauces, uvula, and tonsils red, and very much swollen, and covered with thick tenacious mucus. No exudation can be seen, but then the thick mucus in the pharynx prevents a perfect inspection of the parts." At nine A. M. the fifth day of eruption, the child was weaker, but could still swallow solids and fluids, and apparently without difficulty. The eruption was well out.

About one P. M. the nurse raised the child's head, in order to give it some food—it fell back and died without a struggle.

The body was examined the next day. The lungs were the seat of extensive acute emphysema, and of a little collapse. The lymphatic glands along the trachea were not enlarged; those behind the angles of the lower jaw were only just perceptible to touch before the integuments over them were divided. The whole substance of the *velum pendulum palati* and uvula was considerably thickened and toughened. The cavity of the pharynx was smaller than natural, the mucous and submucous tissues thickened; the mucous membrane was bright red, and elevated into rugæ. Here and there, on the surface of the mucous membrane at the upper part of the pharynx in the vicinity of the posterior nares was a little lymph, granular in form, very soft, and easily removed by scraping with the knife, nowhere forming a continuous layer. The *aryteno-epiglottidean* folds were greatly thickened, the epiglottis also decidedly but less thickened. The mucous membrane of the larynx was less smooth and polished, and at the same time redder than it should be, and the *chordæ vocales* were more spongy looking than natural. The abnormities of the larynx were all insignificant in degree—perhaps such as are often present in measles. The lesions of the upper part of the pharynx were decided, although still trifling; they were the result of nasal diphtheria complicating the measles. The child probably died at so early a period of the diphtheria, in consequence of the weakness resulting from the severe attack of measles under which it was suffering at the time the diphtheria supervened, and its natural delicacy of constitution (it was not only ricketty but also tubercular). The cause of death was asthenia.

As if to prove to us the nature of this case, the child in the next bed sickened with well-marked diphtheria within twelve hours of William W.'s death. In twenty-four hours from the first symptoms of illness, its trachea was opened by Mr. Berkley Hill, death by suffocation being imminent. I shall describe this case at some length in my next lecture when speaking of the value of tracheotomy.

Fifth Variety.—*The primary laryngeal form of diphtheria.*—I have seen three cases in which the exudation seemed without doubt to occur first in the larynx, the pharynx being subsequently affected. We may call this primary laryngeal diphtheria. In one of these cases the patient was a medical man, about forty-five years of age. The disease began with pain in deglutition, and redness and swelling of the mucous membrane of the pharynx, arches of the palate, uvula, and soft palate. Laryngeal symptoms rapidly supervened; then a little lymph was seen on the arches of the palate, the exudation being more abundant at the base of the arch than above, and equal on the two sides; it looked as if it had spread upwards from the larynx. The patient would have died from apnœa had not the larynx been opened on the third day of illness During the second week of illness, he almost died from asthenia.

Another case was that of the child whose pharynx, larynx, trachea, &c., are on the table (Specimen 3). I described the parts to you early in the lecture.

In all the varieties of diphtheria I have described, the disease when fatal proved so in consequence of exudative inflammation affecting the larynx. The patient dies in such case from the impediment to the entrance of the air into the lungs. In the variety of which I am now about to speak, the patient, when the disease proves fatal, dies from the general disease.

Sixth Variety.—*The asthenic form of diphtheria.*—In this form the disease begins sometimes with general and local symptoms of moderate severity. Soon, however, the pulse is rapid and feeble; the sense of weakness and of illness extreme; the skin is not very hot, but there is a peculiar feverish pungency in its heat as appreciated by the touch; the complexion has that dirty-looking, pallid, and opaque aspect which we see in so many general diseases. In some cases, from an early period of the disease, the brown tongue, the sordes on the teeth, &c., and the muttering delirium which are characteristic of the so-called typhoid condition, are present. On examining the throat, more or less lymph is seen on the pharyngeal mucous membrane. The lymph in these cases has always, in my experience, been of the granular, pulpy, or softer form. The patient may swallow with perfect facility and the throat symptoms be trivial in degree, and this even when the pharyngeal mucous membrane is covered with lymph. In other cases the pain in deglutition is extreme. The extension of the exudative inflammation to the larynx, when it occurs, is shown by a little huskiness and want of power in the voice, and imperfectly marked laryngeal breathing. The patient usually dies in about ten or twelve days, death being the result, not of apnœa, but of asthenia. It is failure of the heart's action and not want of breath that causes death.

I saw a case referable to this head with Dr. Turle, of St. John's Wood. The patient, a little girl aged eight years, lived at the extreme verge of London in that direction. She had been poorly for a few days when seen by Dr. Turle. The friends said there was only slight sore throat and weakness.

Dr. Turle noted, on the 6th of October, 1859, "skin not only hot, but feverishly pungent, slightly furred tongue, some enlargement of the glands behind the angles of the jaw, and all the parts of the pharynx visible to the eye covered with lymph." On the 12th the urine contained a good deal of albumen. On the 15th I saw the patient; there was then evidence of extension to the larynx, but the laryngeal symptoms were not at all urgent. On the 18th death occurred, as Dr. Turle says in his notes of the case, "from exhaustion, and not from asphyxia."

The following case is remarkable for the rapidity with which the disease ran its course, the early delirium, and the severity of the general symptoms. Although the larynx was severely affected, it was manifest that its lesion played but a small part in causing death. Had the general derangement been less, no doubt the affection of the larynx would soon, however, have formed a prominent feature in the case, and even have led to a fatal termination in another twenty four hours.

Henry M., aged 17 years, was in good health on Friday night, February 12, 1858. He had spent the evening in society, and sung a good deal. The next morning he had sore throat and difficulty in swallowing; slight cough; he vomited, and felt cold and shivered. By noon he was unable to swallow; at night his breathing became difficult, his breath offensive, and he was delirious. On the 14th he was still unable to swallow, could not get out of bed without assistance, and was delirious. At two P. M. on the 14th, he was carried to my ward in this hospital.

Soon after his admission, Dr. Pougnet found him in a very prostrate condition, lying on his back, and muttering deliriously. He could not be made to answer questions, or to protrude his tongue; and as he resisted all attempts to open his mouth, the state of his pharynx could not be seen. But as there was swelling about the angles and under the rami of the jaw and down the neck, the breath had a gangrenous odour, and there was profuse discharge of yellowish offensive fluid from the mouth, and no rash on the skin, and as he had not been exposed to the scarlet fever poison, the diagnosis of diphtheria, although not absolute, was highly probable. His face was puffy, his lips blue, his pulse frequent, small, and weak. He died the same night; thirty-six hours only from the first symptoms of disease.

After death the mucous membrane of the pharynx was found dark crimson gray in colour, and covered over its greater extent by a layer of the granular variety of lymph. The capacity of the pharynx was less than natural, in consequence of œdematous thickening of the submucous tissue and corrugation of the mucous membrane. The *velum pendulum palati* was greatly thickened, and the posterior surface of the uvula was covered with lymph.

The upper and under surfaces of the epiglottis, the aryteno-epiglottidean folds, and the mucous membrane covering the larynx above and below the vocal cords, the trachea, and the first division of the bronchi were covered by the soft form of lymph. The lungs were the seat of acute emphysema.

In a case I saw with Dr. Part, of Camden Road Villas, the young lady, about 18 years of age, exhibited no laryngeal symptoms. When Dr. Part first saw her on December 17, 1858, there was very trifling sore throat, with little or no constitutional disorder. The febrile disturbance throughout was extremely trifling, and although the mucous membrane of the pharynx was soon covered with a creamy-looking layer of lymph, the patient swallowed both liquids and solids without difficulty. The pulse was from the first very rapid and weak. At our last visit, on the afternoon of the 26th December, Dr. Part and myself were accompanied by a surgeon who had seen little of the disease in this epidemic. The patient had eaten some chicken for dinner; she sat up in bed, and, though very anxious about her own state,[1] laughed, and talked to us without difficulty.

Dr. Part and I agreed that she had not many hours to live, so rapid and so feeble was her pulse, notwithstanding the quantity of support she was taking. The surgeon, who had not felt her pulse, and judged alone from her aspect and voice, said, "I should have had no idea she was in great danger." In twelve hours she was dead. The illness in this case lasted ten days.

There is yet another set of cases in which death appears to result from the evils consequent on the absorption of fetid matters from the pharyngeal tissues. The pharynx is covered with lymph, the mucous membrane below sloughs, the breath is very offensive, the glands about the angles of the jaw swell extremely, the cellular tissue in which they are imbedded is the seat of the effusion of serosity, the skin assumes that dirty-yellowish tint which it has in septicæmia, the mind wanders, and the patient rapidly sinks.

I trust you will not fail to understand that although I have described to you several varieties of diphtheria, there is no sharp line of distinction between them, any more than there is any sharply-defined line of demarcation between scarlatina simplex, scarlatina anginosa, and scarlatina maligna. You may say this is a case of inflammatory diphtheria, and this of nasal diphtheria, and this of asthenic diphtheria; but you will meet with all intermediate shades of the disease; cases which you cannot refer with certainty to one or the other variety. So we meet constantly with cases of scarlet fever which cannot be referred to either variety, but which combine in themselves the essential characters of two. The acute specific diseases are really different one from the other. Each variety of each acute specific disease passes insensibly into the other varieties of the same disease; and these several varieties of each exhibit the most protean combinations. Still, for those who desire to draw a picture of these diseases for others' use, the division of each acute specific disease into varieties is a necessity, however artificial and imperfectly defined the varieties may be.

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[1] Her sister had died just before of diphtheria.

The duration of the cases of diphtheria I have seen has varied from forty-eight hours to fourteen days. When fatal within a week from the first symptoms of illness, death has always been preceded by extension of the exudative inflammation to the larynx. I have never known laryngeal symptoms commence after the expiration of the first week of the disease. As I have pointed out to you, laryngeal symptoms are sometimes present from the outset; at least they are now and then the first symptoms to attract the attention of the patient and his friends. I have twice seen death occur within twelve hours from the time the laryngeal symptoms were first noticed, and I have never known death delayed more than five days from the time when symptoms indicated clearly that exudation had occurred in the larynx. In rather more than half of the fatal cases of diphtheria I have seen, death resulted directly from the disease of the larynx; and in rather more than half of the remainder, laryngeal disease was present, although death resulted apparently from asthenia. When death has occurred from asthenia the fatal result has usually taken place during the second week of the disease, unless the patient has been greatly weakened by previous disease; thus I have just seen diphtheria occur in a girl aged ten years, who had long suffered from hip disease with profuse fetid discharge, &c. She died from asthenia with rapid feeble pulse on the 5th day of the disease. In the very remarkable case of Henry M., aged seventeen years, you will remember the disease terminated from the severity of the general affection in thirty-six hours after the occurrence of the first symptoms of illness.

The specific disease in the not-fatal cases I have seen has terminated between the eighth and fourteenth day of illness.

NOTE.—An examination of the cases recorded in Bretonneau's Memoirs on Diphtheria, fully confirms the conclusions I have arrived at from my own experience, as to the proportion of fatal cases in which the larynx suffers so as to lead to death; as to the period of the disease at which the larynx becomes affected; and as to the duration of the fatal cases when death occurs from laryngeal complication. Thus, in Bretonneau's 1st, 2d, and 4th Memoirs, are contained the details of forty-five cases; of these, four are wanting in data, or have no bearing on this subject. In twenty-nine of the remaining forty-one cases, the larynx was the seat of disease, and three only of the twenty-nine ended in recovery.

Of the twenty-six cases—fatal from the laryngeal complication—one terminated on the second day of illness, one survived till the sixteenth day of illness—tracheotomy having prevented death on the fourteenth day. In no case did the patient survive the sixth day of the laryngeal symptoms unless an operation retarded death, and in five only of the twenty-six cases did the patient survive the third day of the laryngeal symptoms.

In all of the twenty-nine cases, excepting one, the laryngeal symptoms supervened before the end of the first week, and in sixteen of the twenty-nine cases on or before the third of illness.

The emphysema of the lungs seen after death from diphtheria, is that which is so commonly found in young children. It is a mere over-distension of healthy air-vesicles. Gluge terms it insufflation. We can produce it by inflating the lungs after their removal from the body; or, by compressing one part of a lung, we can drive enough air to other parts to over-distend their air-vesicles, and so produce a condition identical with acute vesicular emphysema. As there is no damage to the texture of the lungs in this form of pulmonary emphysema, the air-vesicles recover their normal size when the over-distending force is removed. Bretonneau describes a case of diphtheria in which, not only were the air-passage and the air-vesicles over-distended, but one or more gave way, and air was extravasated into the subcutaneous tissue. Trousseau has recorded a similar case. The latter distinguished pathologist attributes the subcutaneous emphysema to violent inspiratory efforts. This is manifestly an incorrect explanation of the facts. There is no power brought into play during inspiration to draw the air into the subcutaneous tissue. It is during the expiratory efforts that the air, unable to escape freely through the larynx, is driven with such force into the least compressed and least supported parts of the air-passages and vesicles as to over-distend them, to rupture them, and to inject the air into the cellular tissue. The same accident, as is well known, sometimes happens, from the same cause, during the violent efforts of parturient women. Doubtless the extreme inflation of the lungs when false membrane exists in the larynx and trachea, is partly the result of accumulation of air in them; the false membrane acting, as Bretonneau says, as a valve, permits air to enter but none to escape.

HOSPITAL NOTES AND GLEANINGS.

Diabetic Cataract.—In the Ophthalmic Hospital Reports. vol. i. p. 273, for January, 1859, is a paper by Mr. France, in which he drew the attention of the profession to the relation sometimes existing between cataract and diabetes. Previous to this, there had been scattered in the works of ophthalmic writers and others, mention of the coincidence. In a second paper on the same subject in Guy's Hospital Reports, Mr. France names Mackenzie and Duncan, as having incidentally alluded to it, and subsequently to his paper Professor Von Graefe, and Dr. Willshire, have written on the subject. Mr. France has from various sources collected twenty-one cases, and from the consideration of them, he arrives at the following conclusions :—

"The cataracts have in every example been symmetrically developed on both sides; the lenses have increased remarkably in their antero-posterior diameter, so as to encroach upon the depth of the anterior chamber, and even to interfere mechanically with the free play of the iris. The opacity has attacked portions of several strata of the crystalline at once, leaving intermediate spaces for a while transparent. The colour and bulk of the cataracts have invariably indicated their soft consistence, which was proved by operation in two persons, though respectively of 'middle' and of forty-eight years of age. Lastly, the ocular affection has only arisen after considerable duration of the renal malady (a circumstance which may tend in some degree to account for the comparative rarity of their union); and there has in no case been reason to suspect further disease of the eyeball."

The following case is extracted from the writer's note-book, under date August, 1850, at which time the patient was an inmate of the York County Hospital. At that time, the knowledge of the connection between diabetes and cataract had been scarcely mentioned in print. It was, however, well recognized by many practical surgeons, and among others, by Mr. Russell, under whose care the patient was. We well recollect his adverting to the fact of the occasional concurrence of the two diseases.

E. P., aged 19, was admitted Aug. 22, 1850. She had been the subject of diabetes for five years. She was pallid and extremely ill. Her tongue was red, and she was liable to occasional diarrhœa. Her skin exhaled the peculiar odour of diabetes. Her appetite was inordinate. The urine was large in quantity, and loaded with sugar. There was evidence of tubercular disorganization in the apices of both lungs. Both lenses were opaque. In the right, the opacity appeared to be in front of the lens, while in the left, in which the opacity was much slighter, it appeared more distant. She remained in the hospital about four months, during which time the cataracts advanced, and she became almost blind. She could still, however, distinguish between light and darkness. Various tonics, cod-liver oil, creasote, opium, etc., had been used, but without any permanent advantage, and the quantity of urine never permanently diminished, and the specific gravity did not decrease. She at length left the hospital, in order to die at home. It is, perhaps, worthy of note that the patient attributed her first failure of health to her having lived in a situation where she was obliged to be up for several hours before taking food.

The subject is one of great interest in another way, as illustrating the value of the study of disease by synthesis.

Dr. B. W. Richardson has shown that artificially produced cataract occurs as a purely physical change—from osmosis—a tendency to equalize the density of the fluids within the lenticular capsule, by transudation to the surrounding fluids, for he observes that the cataractous condition can be removed by reversing the conditions—by placing the animals experimented on in water. All varieties of sugar, cane, grape, and sugar of milk, produce the same result. Just, however, as we find that in many cases of cataract there is no diabetes, so Dr. Richardson found that the introduction of other substances into the system than sugar would produce cataract. Thus salines, as chloride of sodium, would develop the cataractous condition, and hence Dr. Richardson's remarks—There may be a saline cataract as well as a diabetic one.

Sugars and the various salines produced the same general effect, with the exception of the iodide of potassium. This salt did not produce any effect in any instance. Dr. Richardson says: "I do not pretend to explain this curious and remarkable fact." Chloride of sodium, a salt of the same chemical type, readily produces cataract.

In the majority of instances the opacity begins at the posterior surface of the lens, but sometimes in the anterior surface. The capsule of the lens is unaffected. Dr. Richardson found sugar in the opaque lenses after removal. There was always a difference in the general character of the opacity produced by various substances. As a rule, the opacity became more marked after death; but in the case of the sulphate of potash it disappeared altogether. Dr. Richardson says we should look for cataract especially in those cases in which profuse diuresis is absent; for in those in which the sugar is eliminated as fast as it is manufactured, no cataract is likely to be formed: for as he points out, sugar produces cataract by increasing the specific gravity of the fluid, and not by any specific power. He reminds us that we may find that an opposite condition of the fluids may exercise a deleterious influence on the lenses, not by impairing their clearness, "but by excessive transudation (endosmosis) and distension."

Opacity of the lenses may be produced by saline and saccharine fluids introduced into the anterior chambers of the eyes of animals recently killed, or by immersing the removed eye in the solution. In these experiments, however, the effects were much more slowly produced, and the changes were less intense.

Dr. Richardson also experimented with the acid urate of soda. The salt was suspended in water by gum Arabic (the injection of gum does not produce cataract), and injected under the skin of two frogs. In neither of these experiments was any opacity of the lens produced. He also gave a bitch night and morning with her food a drachm and a half of urate of soda, and after a week the quantity was increased to two drachms. She took this for fifteen weeks. The experiment was commenced on March 2. In April, it was evident that the animal was becoming blind, and "the eyes through the pupil were opaque-looking, and the animal ceased to observe objects, even those near her." The eye was, however, examined by the ophthalmoscope by Mr. Wordsworth, and no cataract was discovered, except the merest opacity in one lens. Mr. Wordsworth believed the white appearance to depend on white discoloration of the retina. When the urate was given up, the animal recovered her sight gradually, and ultimately could see as well as ever.—*Med. Times and Gaz.*, March 9, 1861.

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Rare Form of Fibro-muscular Subclavicular Tumour.—The following singular case recently presented itself at Middlesex Hospital. The patient is a delicate, sickly-looking woman, about forty years of age, who, four months before admission, received a blow on the chest, immediately below the right clavicle towards the sternum. This was followed by the appearance of a lump, which slowly enlarged, until it had attained the size of a hen's egg; but the swelling was somewhat diffused, as the tumour itself was evidently deep-seated, and now, was somewhat prominent below the clavicle. She had also a swelling, of the size of a walnut, flattened, on the side of the right ramus of the lower jaw. The subclavicular tumour seemed to be of unequal density, and consisted of lobes; there was a deep feeling of fluctuation. In ten days it had decidedly increased in size, and formed apparently adhesions to the clavicle. Various opinions were hazarded as to its real nature: its deep situation, apparent fluctuation, and supervention upon a blow, led to the suspicion that it might be strumous deposit with matter, but a puncture was followed by nothing but a drop or two of blood; it might be medullary, or, again, fibroid or fibro-plastic. Its removal, however, was determined upon; and after much patient and careful dissection, on the 28th of November, by Mr. Moore, it proved to be an infiltration of the pectoralis major muscle itself, with fibrous deposit. The superficial parts were healthy, but beneath it simulated an aneurism; in fact, on section, a yellowish mass, of firm consistence, was found to be present in the centre, which resembled the clot of an old aneurism; and towards the circumference this was blended with the muscular structure. The microscope revealed this to be nothing but fibrin, which had infiltrated the muscle, and formed a large and distinct mass, which had become organized in the form of a tumour. There was no artery discovered in connection with it, although Mr. Moore carefully dissected it away from the inner and under parts. The nature of the tumour thus proved to be purely fibrinous, running into the fibres of the muscle named, beneath which it lay, as well as extending under the clavicle.

Its appearance before the operation strongly simulated malignant disease, and considering the woman's age, cachectic aspect, and the presence of another tumour in the jaw, together with the rapidity of growth, the majority of surgeons would have pronounced its nature cancerous. The skin was moreover discoloured, and the swelling to the naked eye was that of disseminated medullary deposit. The case is assuredly an instructive and interesting one. The patient has done very well, and made a good recovery.—*Lancet*, March 16, 1861.

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Recurrent Melanosis of both Groin and Back; the disease reappearing in the brain, heart, pancreas, liver, and other organs.—Geo. K., aged 35, was admitted into St. George's Hospital on the 9th April, 1856, for melanotic tumours in various parts of the body, and especially in the groin. Some of these were removed, and the patient recovered from the effects of the operation, permitting of his discharge on the 11th of June. On May 28th, before leaving the hospital, he was seized with great pain in the head, accompanied by severe and persistent vomiting. His countenance assumed a very strange, vacant expression, and he seemed to have some difficulty in collecting his thoughts when spoken to. These symptoms passed off in about five days; and on his departure the tumours on the back seemed to be growing.

He was readmitted on the 14th of July. The complexion was now more sallow than before; the tumours in various parts of the body (trunk, right axilla, left ham and thigh, &c. were growing rapidly; the pain in the head had recurred frequently, and had latterly become much more severe and continuous. He complained of loss of motion in the right hand and arm, and the mouth was drawn to the left side. The right side of the face had lost expression. There was also partial loss of sensation in the right arm and leg. He alleged that he observed double vision when the pain in the head was very bad. The speech was slow and hesitating. On the day before his readmission he had had several seizures of shaking of the right arm.

July 16th, 1856. The vomiting of green bilious fluid, which had troubled him before, has recurred, and persisted for a week. After this, till the day of his death (28th), he used occasionally to vomit his food; but was otherwise better.

On the evening of the 28th he died suddenly. During the previous day it was observed that the right eye had been kept closed (it should have been noticed that there was slight ptosis on each side on his readmission), except during the exertion of speaking, when he opened it. He had, however, spoken seldom, and seemed very lethargic. Shortly before his death, he suddenly turned purple, and this dark tinge of the face increased up to his death, which was preceded by some strange noises in his throat, and by struggles as if for breath. No regular fits were observed.

Post-mortem Examination.—The body was pale and emaciated. Tumours of small but variable size were found on the trunk, in the right axilla, and in the left thigh and ham. There was no fluid, nor were there any adhesions, in either pleural cavity. At the back part of each cavity a few small tubercles of mixed melanotic and encephaloid cancer were found in the subpleural and areolar tissue. The surfaces of both lungs beneath the pleuræ were studded with small deposits of a similar character; in other respects these organs were healthy. The bronchial glands on both sides were infiltrated with the same deposit to a very considerable extent. The glands, also, in the posterior mediastinum were similarly affected. In the substance of the heart on the right side, and projecting into the right cavities, were several small masses of encephaloid deposit; on the left side the deposits were chiefly of a melanotic character. In other respects the organ was normal. There was a small encephaloid tumour near the anterior margin of the right lobe of the liver, and a larger one, about the size of an orange, near the same point. The stomach was quite healthy. Numerous small nodules of encephaloid and melanotic malignant deposit were found in the substance of the pancreas. Several masses of melanotic cancer, of varied form and size, were found connected with the omentum and mesentery; one, attached to a portion of the mesentery near the small intestine, was about the size of a small apple, and pedunculated. The right kidney was very much congested, the medullary cones being almost of a black colour. The left kidney was enlarged to the size of a cocoa-nut; on cutting into it, the cortical and medullary portions were found wanting, a mere cyst remaining full of soft melanotic deposit. The lumbar aortic glands—those accompanying the right external iliac artery, as well as those in the inguinal canal and in the inguinal region—were found extensively infiltrated with melanotic cancer. The scalp and cranial bones were quite natural. The cerebral membranes were all normal, excepting opposite two small portions of the left cerebral hemisphere—namely, at the anterior extremity, and at the posterior and upper part. At these parts the arachnoid membrane and dura mater were thickened, hardened, and opaque. Corresponding to the altered condition of the membranes at these parts, the subjacent brain was found to be of a dark reddish brown colour and very firm; and this was owing to the presence of two rounded, well-defined masses of carcinomatous material, each of about the size of a bantam's egg, occupying at these parts the superficial portion of the brain, and involving also the surface itself. The cerebral ventricles contained more than an ordinary amount of fluid; but nothing beyond the above masses of an unusual character was found about the brain. The carcinomatous deposit was of the melanotic form, excepting in one or two small places where no dark colour existed, and where it was of a cream colour. The true nature of the cancerous and melanotic disease was determined by microscopical examination.—*Lancet*, March 16, 1861.

Chorea.—Chorea is a disorder which seems to find a congenial soil in Birmingham. It is by no means uncommon to see six or seven, or even more, cases in either hospital at one time. Thus a reference to the last statistical report of the general hospital shows that seventy-six cases were treated during the year ending midsummer 1860. This frequency of chorea generally attracts the attention of practitioners who, before coming to Birmingham, have been accustomed to look upon it as a somewhat uncommon disorder. Dr. Maxwell, the intelligent resident medical officer at the General Hospital, consequently found no difficulty in collecting thirty-five cases in which the well known coexistence of rheumatism was ascertained. But it is certainly very remarkable that, with three or four exceptions, these cases were unselected, comprising in fact all that had been treated at the general hospital in the last four months. Dr. Maxwell believes that a more searching investigation than is commonly instituted never fails to elicit a rheumatic history—fever, arthritic pains, and sweating—at some period of the nervous attack, or immediately before its commencement. He therefore holds that the connection between the two disorders is an essential rather than an accidental one, being thus in accordance with the views of M. Sée and Dr. Todd. Nevertheless, further observations are necessary upon this point, since the last twelvemonth has been unusually productive of rheumatic fever; and we should, therefore, be prepared to find that the combination of the two disorders, even if an accidental one only, had been more than commonly frequent. Another fact of great interest as well as novelty, was the frequent localization of chorea and rheumatism in the same limb, other parts being affected either not at all or in an inferior degree; this the author of the paper had frequently seen. He lauded arsenic as an antichoreic remedy—a credit to which it is certainly entitled, since it undoubtedly cures some cases which have proved rebellious to other treatment.—*British Med. Journ.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Army Medical Board.—A Board of Medical Officers, to consist of Surgeons C. A. Finley, C. McDougall, and W. J. Sloan, has been ordered to assemble in New York City on the 1st of May, or as soon thereafter as practicable, for the examination of assistant surgeons for promotion, and of such candidates for appointment as may be invited to present themselves before the Board.

Medical Graduates 1861.—We continue our list from p. 58 of our previous No.

Rush Medical College	36
Medical College of the State of South Carolina	93
University of Maryland	63
Medical College of Virginia	59
Savannah Medical College	14
New Orleans School of Medicine . .	76
Medical College of Alabama . . .	31
Medical College of Ohio	24
University of Louisiana	135
Medical Department of Lind University	12

Medical Society of the State of Pennsylvania.—The annual meeting of this Society will be held this year at Pittsburg, commencing on the second Wednesday in June (12th). All the railroad companies, we are informed, have agreed to furnish *free return tickets* to delegates, on presentation of their credentials. We trust that there will be a full attendance at this meeting, as an important influence may thereby be exercised in encouraging medical organization in the western portion of our State.

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Jefferson Medical College.—Dr. Wm. V. Keating has been elected Professor of Obstetrics in this School, to fill the chair recently vacated by the resignation of Dr. C. D. Meigs. Dr. K. is a well-educated and experienced physician, and will, we feel sure, fill, with honour to himself and credit to the School, the chair to which he has been appointed.

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New York Eye Infirmary.—We learn from the annual report of the surgeons of this long established and eminently useful institution, that during the year 1860, 4,907 patients were prescribed for, of whom 4,559 laboured under diseases of the eye and 348 diseases of the ear. In addition to the benefits thus conferred directly on the poor afflicted with diseases of these two important organs, clinical teaching is regularly given, and thus students are afforded facilities for becoming acquainted with diseases of the eye and ear and their treatment.

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Obituary Record.—Died, 29th of March, in Davenport, Iowa, Dr. E. J. Fountain, aged 32. Dr. F.'s death is ascribed to an overdose of chlorate of potassa, taken by him seven days previously. About two drachms of the salt were found in the urine on the first day. At the *autopsy* there was found inflammation of the alimentary canal, especially the stomach and jejunum; the kidneys were inflamed, enlarged, and obstructed, and contained crystals.

It is well known that Dr. F. has been strenuously advocating the use of large doses of chlorate of potash in phthisis, scrofula, and some other diseases, which he maintained were highly beneficial and entirely devoid of ill effects; and just before his death he published several cases to illustrate these views, and to show that the ill effects observed by some practitioners from large doses of the medicine resulted entirely from the impurity of the article employed. He asserted that since he had used the French preparation he has seen no ill effects from large doses.

FOREIGN INTELLIGENCE.

Diphtheria.—Dr. Greenhow read a casual communication to the Harveian Society (March 7) upon some cases of diphtheria, which had come under his care in a family in Hertfordshire. The importance of the closest scrutiny was urged in a diagnostic point of view, lest this disease should be mistaken for croup. Dr. Greenhow thought that cases of diphtheria were likely to occur again in the same family; indeed, such seemed to have been the case in the family referred to. Dr. Greenhow also stated that the diphtheritic membrane extends down the œsophagus into the stomach, spreading by continuity of surface. Paralysis was also stated to be frequently consequent upon diphtheria, sometimes hemiplegia, most frequently paraplegia; the first of these being accompanied with affections of the voice, sometimes lasting for many months. Chorea might also come on after this disease.

—

Complete Absence of the Vagina.—At a meeting of the Society of Surgery (Paris) M. Verneuil related a case occurring in the practice of Dr. Patry in which, in a girl seventeen years of age, there was an entire absence of the vagina, when the usual general phenomena of menstruation took place. An artificial vagina was established. The patient has been married eight years, and continues to menstruate regularly, but has never been pregnant.—*Brit. Med. Journ.*, Feb. 16, 1861.

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Quackery in Prussia.—[The correspondent of the *Medical Times and Gazette*, in a letter dated Bonn, Feb. 27, 1861, gives the following account of charlatanism in Prussia.]

"According to my promise, I to-day send you a short account of the professional career of the lately deceased Dr. De Leuw, who in England was honoured with the name of the 'Prussian Oculist.' It is certainly flattering if a countryman acquire fame abroad; but Germany is happily well supplied with physicians and surgeons of far superior talent and acquirements than the one just mentioned possessed, if, indeed, it is possible to draw a parallel between him and scientifically educated medical practitioners. De Leuw was originally 'a surgeon of the second class,' a strange remnant of olden times. As is the case with the

English dressers, these surgeons were men who had not received a liberal education, and did their work by the direction of the physicians, who thought it beneath their dignity to touch a lancet or a knife. Surgery is now at least on the same level with medicine, and has certainly the advantage of not being trammelled and infested by nebulous ideas and theories; but in Germany, as everywhere else, surgery has proceeded from the barber-shops, and has only slowly divested itself of the character of trade. 'Surgeons of the second class' no longer exist in Prussia, where now a thorough surgical and obstetrical proficiency is required of every medical practitioner; and in this respect Prussia is certainly far ahead of many other countries. But, at the time of the great war with France, a virtue was made of necessity, and a great number of men who were only capable of performing the smaller surgical operations, were enrolled as army-surgeons, and also received a license to practise medicine At the close of the war, in 1815, it would have been unjust to recall the license, and they were thus allowed to continue the practice of medicine, at least in such places where there were no regularly qualified physicians. This was the case with De Leuw, who had been educated at a school of surgery which then existed at Düsseldorf, and at the head of which were Professors Joseph Naegele, a clever oculist, and brother of the famous gynæcologist of Heidelberg, and Dr. Reybald. De Leuw practised as army-surgeon during the French war; he afterwards settled in the small village of Graefrath, near Solingen, where he soon acquired a good reputation as oculist.

"It seems that a correct view of the so-called Egyptian ophthalmia, which was then very prevalent among the armies, and had from them spread to the general population, went far to render him favourably known. His only contribution to medical literature is a book on this disease, which was published in 1824, and gives a favourable impression of the practical talent of the author. It certainly shows that he was a good observer; and since in ophthalmic surgery an accurate diagnosis of the disease is more than half the battle won, we cannot wonder that he met with great success in his treatment. How often even at the present day are granulations of the conjunctiva, as the cause of many cases of inflammation of the cornea, overlooked, and patients are treated for years with all sorts of collyria, before the surgeon is struck by the idea to just turn up the eyelids, where the seat of the disease is to be found. Many oculists owe their reputation to the circumstance that a patient comes to them who has for years been unsuccessfully treated, because no correct diagnosis was made, and who, of course, rapidly improves as soon as the remedies are applied to the proper place. We have also reason to believe that De Leuw in a former period of his life was possessed of no inconsiderable skill as an operator. It is true that he exclusively had recourse to reclination; but he certainly practised it with great dexterity. On the other hand, his prescriptions were exceedingly funny. He gave every day a different collyrium, and the strangest combinations of herbs were brought to bear upon the disease. The flowers of *melilotum*, the *summitatis malvæ*, oak-leaves, the *semen papaveris*, and dozens of others play an important part in his eye-waters. A whole series of spirituous tinctures for washing, and the most curious plasters and ointments were also alternately used; at the same time abominable mixtures, the utility of which cannot possibly be imagined, were prescribed for internal use, and more especially in cases of incipient cataract, the hopes of the patient were kept alive by a fresh mixture every day, until the operation gave the finishing stroke to the disease. Purpose or critical selection are not to be observed in his prescriptions, some of which fill several pages; and evil tongues would have it that the apothecary was a confederate of the doctor. In the meantime the business flourished; in Graefrath, one inn was built after the other, and as every patient had a special attendant given to him, it is easily to be conceived that the prosperity of the place entirely depended upon the 'Wonderful Doctor.' The ruder he was in his manner toward his patients, the more his advice was sought after. A sad fate refused the old man the gratification of his principal wish, viz., thas his only son should succeed him in his practice. This young man was well educated, and possessed considerable talent, but dissensions grew up between the two, and at last the son preceded his father to the grave. De Leuw had procured himself a diploma at Giessen in the well known fashion; and although this was not legally recognized, the Prussian authorities closed their eyes, in consideration of the benefits he had conferred upon the place. A grateful patient in high life—one of our infinitesimal princes—honoured him with the title of Hofrath (Aulic Councillor), and he thus attained the summit of his glory, which, however, for the last twenty years, was entirely limited to foreign countries. The new development of ophthalmic surgery, which has been attended by so highly important practical results, was not at all to the taste of old De Leuw, who never paid any attention to it; we cannot, therefore, think that we have suffered any severe loss by his death.

* * * * *

"We must say that we have always wondered why people came so far to consult a man such as De Leuw, when they could have the advice of men of the stamp of Mr. Bowman, and Mr. Dixon, so much nearer home. But '*omne ignotum pro magnifico.*' It is more probable that the place where De Leuw has resided for so many years will feel his loss, by the absence of wealthy English patients, who will no longer be attracted to it, and for innkeepers, attendants, and the apothecary there, a very gloomy prognosis indeed seems to be justified.

"Dr. De Leuw's career is another proof that in Germany, as well as in all other countries, there is a class of doctors who enjoy a widely-spread reputation, without its being easy to discover why it should be so. Perhaps there is no sphere of human knowledge in which the general public assume to themselves a greater right of having an opinion of their own, than medicine: health and disease are of such immediate personal interest to men that, trusting to their own perceptions of what agrees and disagrees with them, they consider themselves as much or even more competent to judge for themselves than medical men who have made the subject a life-long study. The fact that a thorough insight into morbid processes is only possible to such as have an intimate knowledge of the healthy conditions of the body and its functions, that is to say, of anatomy and physiology, and of those changes which pathological anatomy teaches us do take place in the system, seems still at the present moment to be so foreign, even to many medical men, that we can scarcely find fault with the public if they do not appreciate scientific medicine, and care little about the way in which they are treated or rather maltreated. They think there must be some remedy, whatever it may be; and if a man confidently asserts that he has a cure for every symptom, he is certain to find many believers, as the symptom is generally considered to be the disease itself. We cannot, therefore, wonder that the most absurd of all systems, viz., homœopathy, has so quickly found a home everywhere. It accommodates itself to public prejudices, nay, it even panders to the erroneous view that the symptom is the disease, and then propounds the theory of infinitesimal dilution which is pathetically repeated at the corner of every street. At the same time we must confess that if we see at the present moment spirit-rapping, table-turning, animal magnetism (practised by 'strong' mediums), carried on with the greatest earnestness in the highest circles of society—in Rhenish Prussia especially, by a beautiful and highly gifted mediatized princess—we cannot wonder if other seemingly less ridiculous quackeries should be easily swallowed by persons in a more humble sphere of life.

"In Bonn, charlatanism is just as rife as it is in Brighton; and if you are blessed with cobblers who make ten thousand pounds a year by plastering and kneading their patients, we, on the other hand, can boast of shepherds and old women who make a scarcely less number of thalers by just as ingenious practices. The nostrums are, of course, always composed of the commonest things; but as they are concocted by the quacks themselves, it is not known what they contain.

"On the Kreutzberg, from the top of which the finest view of the seven mountains and the valley of the Rhine is to be had, there lived recently an old shepherd who had had a most extensive practice for many years. He was consulted in a somewhat anomalous fashion—samples of urine, accompanied with handsome fees, being sent to him for inspection from far and near, and he, in return, sent herbs for the cure of every ill that flesh is heir to. There is also a little spot near Godesberg, where a short time ago little more than a few dung-heaps were to be seen, and now a whole village has sprung into existence, solely in consequence of the remedial powers ascribed to an old woman, called the 'Schweinheimer

Frau' (literally, the woman of the pig's home), who has amassed a nice little fortune by the inspection of urine. Her sons-in-law have built several inns, in which the patients who come to consult the woman are received, and are confirmed in their confidence in the curative powers of the old witch by the wonderful tales of their hosts. If you remember that almost the entire population of the Rhenish provinces of Prussia are Roman Catholics, you will not be astonished that we have also much superstition here. Thus, every year, on the feast-day of the holy Apollonia, crowds of peasants throng to the cathedral of Bonn, to seek relief of the toothache through the intercession of the Saint, the cure of this ailment being her specialty. Then we have the Holy Virgin of Kevlaar, who has been so well described by Heine in one of his best poems, the beauty of which, however, is scarcely to be perceived in the English translation:—

> 'The mother of God at Kevlaar,
> Her best dress wears to day;
> Full much hath she to accomplish,
> So great the sick folks' array.
>
> 'The sick folks with them are bringing,
> As offerings fitting and meet,
> Strange limbs of wax all fashion'd—
> Many waxen hands and feet.
>
> 'And he who a wax hand offers,
> Finds cured in his hand the wound ;
> And he who a wax foot proffers,
> Straight finds his foot grow sound.
>
> 'To Kevlaar went on many crutches,
> Who now on the tight rope skip ;
> And many a palsied finger,
> O'er the viol doth merrily slip.'

"She receives, in fact, even at the present day, scores of waxen hearts, arms and legs, from the sick, who believe that by such offerings she will be induced to cure their corresponding ailing members of their bodies ; and a roaring trade in waxen limbs is driven there.

"The quacks in this neighbourhood have generally a mysterious way of speaking and acting, and keep in their pay one or more confederates, or 'factotums,' as they are called, whose duty it is to work upon the imagination of the patients by tales of wonderful cures ; and who are, therefore, of the greatest importance for the success of their employers. To this class belongs a young oculist at Königswinter, who was formerly a student at this University, and is quite devoid of talent, but has recently created much sensation. His factotum is a barber; and a barber in this capacity is well worth his keep ; for as the Germans do not themselves shave, but are shaved by the barber, and such a person has consequently access to the closets of the highest dignitaries, he is almost always an influential man, and he is also the chief source from whence the strangers in the hotels derive their information of what is going on in the place. The barber in question, is continually talking of a wonderful cure just performed on a Russian Countess, who has come all the way from Tobolsk, in Siberia, where her husband is an exile, to consult Dr. So-and-so ; or of a French Marquise, who, after having consulted the most eminent oculists in Paris and London, and was given up by them, has come to Königswinter, seen the doctor, and been cured. The treatment commences with a pair of blue spectacles, which are given to the patient, and in the profits of which the barber is a sharer ; secondly, artificial leeches are ordered, which are, of course, much more efficacious than the natural ones, as they are a great deal more expensive ; at last, in order to make the process of cure as mysterious as possible, the patient is confined to a dark room for forty hours. As this mode of proceeding is entirely novel, people, of course, consider the doctor a genius.

"It is a curious fact, that almost all our quacks take to small towns and villages, and seldom venture into larger places, such as Bonn and Cologne, where they would soon be put down. Thus one of the chief charlatans in the whole province, a quondam master turner of the name of Baunscheidt, lives in the small village of Endenich, near Bonn. This fellow has constructed an instrument, to which he has given the grand and highly significant name of 'lebenswecker' (life's awakener). With this he performs a sort of acupuncture, and then rubs into the wound thus made a mixture composed of croton-oil and other oils, and which is called by the people gnat's-oil. By this process he cures everything, unless carbuncle should supervene in consequence and kill the patient, which has not unfrequently been the case. However that may be, Baunscheidt does a flourishing business, and his 'lebensweckers' are exported to all parts of the globe. Quite lately a series of advertisements of this new panacea appeared in the *Times* newspaper."—*Med. T. and Gaz.*, March 9, 1861.

Influence of Pregnancy on Insanity.—Dr. Tanner, in his recent work on the *Signs and Diseases of Pregnancy*, says that in his experience insanity in women is not benefited by becoming pregnant, and that, in two cases under his observation, marriage only aggravated the morbid symptoms.—*British Med. Journ.*, Feb. 23, 1861.

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Causes of Lead colic.—As instances of the slight causes which may lead to the contamination of the system by lead, two cases are recorded in the *Bulletin Général de Thérapeutique*. In one, the patient was a manufacturer of pewter boxes for marine stores. The other patient was employed at a tea merchant's, in making bags of sheet-lead for holding tea. (*Bul. Gén. de Thér.*, Jan. 15th, 1861.) A number of analogous cases were reported some years ago by Dr. Inman, in the *Liverpool Medical Journal.*—*Ibid.*

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Aneurism of the Basilar Artery.—A soldier died suddenly, some months ago, in one of the hospitals of Genoa, from the rupture of an aneurism of the basilar artery. The aneurism was of a fusiform shape, and involved the entire vessel from the junction of the vertebrals to the origin of the posterior cerebrals. A large quantity of clotted blood was found beneath the arachnoid. There was likewise disease of the heart and great vessels.—*Ibid.*, Feb. 9, from *La Liguria Med.*, 1860.

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Needle traversing the Body.—A Spanish medical journal gives the details of a case where a girl, 14 years of age, swallowed a needle upwards of two inches in length, which some months afterwards escaped at the left groin. During the passage of the needle, the patient suffered from severe gastric derangement, emaciation, and prostration.—*Ibid.*, from *La Espana Med.*, 1860.

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A new Caustic for Toothache.—The following treatment is recommended by Dr. Calvy, of Toulon, for the neuralgia proceeding from carious teeth. The carious cavity is first to be cleaned out, and then a piece of cotton, steeped in a solution of six grains of acetate of morphia in an ounce of nitric acid, is to be applied to its interior. As soon as the caustic penetrates into the carious tooth, the pain ceases, and the patient is cured. After the application of the caustic, the cavity should be filled with cotton steeped in the sedative solution of opium, and afterwards permanently plugged.—*Ibid.*, from *Gaz. des Hôpitaux*, Jan. 10, 1861.

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Substitutes for Quinia.—The Society of Pharmacy of Paris have offered a prize of 6000 francs, to which the Minister of War will add 4000 francs, for the discovery of a substitute possessing equivalent febrifuge properties to *quinine*, or for the artificial formation of the alkali. Nine essays have been sent in, neither of which has been thought deserving of the prize, which is left open until 1st of July, 1861.—*Ibid.*

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Novel Treatment of Tetanus.—It is stated in the *Breslau Gazette* that there prevails in the village of Lassen in Prussian Silesia a species of tetanic affection, the prominent symptom of which is a spasmodic closure of the mouth, and which terminates in death on the third or fourth day. The inhabitants, instead of applying to a physician, endeavour to cure the disease by forcing open the mouth with the key of a chapel, wet with holy water.—*Moniteur des Sci. Méd.*, March 14, 1861.

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New Physician Extraordinary to the Queen.—Dr. Wm. Jenner, Physician to University College Hospital, and to the Hospital for Sick Children, has been appointed Physician to the Queen in the place of the late lamented Dr Baly. It is stated that the appointment had been previously offered to Dr. Acland.

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Prohibition of the Use of Copper Cooking Vessels.—By a decree lately issued by the Prefect of Police, the use of copper vessels for the preparation of all articles intended to be used for food is prohibited in France. —*Moniteur des Sci. Med. et Pharm.*, Feb. 23, 1861.

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Obituary Record.—Died in London, March 18th, 1861, of paralysis, Sir William Pym, M. D., K. C. H., aged 84 years. Dr. Pym was for many years connected with the Medical Department of the British Army, was made an Inspector General in 1816; and was the author of an interesting book on yellow fever.

—— at Paris, 23d March, M. Ferras, Inspector General of Asylums for the Insane and of Prisons, aged 75.

—— at Strasbourg, recently, M. Forget, Prof. of Medicine of the Faculty of that city.

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CLINICS.

CLINICAL LECTURE.

Diphtheria: its Symptoms and Treatment. By William Jenner, M. D., Special Professor of Clinical Medicine, University College; Physician to University College Hospital; the Hospital for Sick Children, &c. Delivered to the Medical Clinical Class at University College Hospital.

Lecture II. — *Disordered Innervation—Pharyngeal, Cardiac, Gastric, General, of Nerves of Special Sense; Evidences of Contagion; Little influence of Unfavourable Hygienic Conditions; Influence of Family Constitution; Pathology of Diphtheria, Evidences of Want of Identity with Scarlet Fever, ditto with Croup, Cutaneous Diphtheria; Pathology of the Disordered Innervation; Diagnosis; Prognosis; Treatment, General, Local, Tracheotomy; Summary.*

Gentlemen: In a certain proportion of cases after the termination of the diphtheria, symptoms of a very remarkable kind occur, referable to deranged innervation. There can be no doubt that the latter are the consequence of the former—that the patient would not be suffering from the nervous symptoms if he had not just had diphtheria.

I will briefly describe the various kinds of deranged innervation consequent on diphtheria, which have fallen under my observation during the present epidemic. I mentioned, you will remember, in my last lecture, the case of Dr. E., who suffered from the active inflammatory form of diphtheria, accompanied by the exudation of wash-leather-like lymph. On recovering from the diphtheria, he was annoyed to find that his voice was singularly snuffling—he talked through his nose, as it is called. He was troubled very soon after by occasional irregular action of the pharyngeal muscles causing fluids to return through the nose; there was also now and then while swallowing solids a choking sensation, accompanied by violent irregular action of the pharyngeal muscles.

This condition of voice and of impaired

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power of deglutition continued for several weeks; gradually, however, the voice regained its normal quality, and the pharyngeal muscles their healthy action.

This is the most common form in which derangement of the nervous system shows itself after diphtheria. Trousseau has shown, that in these cases there is loss of sensibility in the *velum pendulum palati.*

The organ which next in frequency to the pharynx gives evidence of disordered innervation is the heart. Treasure this case in your mind; it is an instructive one:—

In July last, I twice saw with Mr. Adams, of Harrington Square, a young gentlemen about ten years of age. There was nothing to excite alarm in one less aware than Mr. Adams of the grave nature of even mild cases of diphtheria. The local and general symptoms were very slight. The exudation on the pharyngeal mucous membrane was limited in extent; deglutition was easy; the general symptoms were, with the exception of a feeble pulse, trifling. The local disease quickly improved. On one day only was there even a trace of albumen in the urine, and even on that day, so small was the quantity that its very presence was not beyond doubt. The intellect was unaffected throughout.

The boy was considered by his friends convalescent, when vomiting occurred—still there was nothing to alarm the bystander. But Mr. Adams, at his visit, found the heart's beats, which had been falling in frequency for two days, thirty-six in the minute, and at the same time weak. He at once appreciated the gravity of the boy's situation. When I met Mr. Adams an hour after, the lad's countenance was not indicative of any very serious affection; it spoke only of a sense of languor; vomiting was said to be frequent, but the tongue was scarcely furred; the mucous membrane of the throat looked healthy; there was no albumen in the urine; the air entered freely to the basis of both lungs (we could not of course sit the boy upright, but we turned him on to his side); the heart's beats were rather feeble, the first and second sounds free from murmur, and of normal duration; the period of rest—the long silence—was longer than it should be, that is to say, the heart's beats were infrequent, not slow.

The infrequency and the feebleness of the heart's beats and the vomiting alone told that the boy's life was in danger. The next morning Mr. Adams informed me the pulse, notwithstanding the freest use of stimulants, had fallen to thirty-two, in the afternoon it was twenty-four only, and soon after he died apparently from cessation of the heart's action.

The return of fluids through the nose, the fall in the frequency of the pulse, and the vomiting, sometimes occur before the local and general symptoms have subsided. Thus, in one of the two fatal cases I saw with Mr. Jay, in July, 1858: some days before the little girl's death, which occurred a fortnight after the first symptoms, Mr. Jay noted that there was stertorous breathing, diminution in temperature, relaxation of the skin with free perspiration, return of fluids through the nose, with so great a fall in the frequency of the pulse, that for some time before death there were not more than sixteen beats of the heart in the minute. The heart's sounds were natural. At no time was there any notable quantity of albumen in the urine.

That a fall in the frequency of the heart's beats before death is not constant, is proved by the case of the child whose pharynx, larynx, &c., are on the table. Its pulse, five minutes before it breathed its last, while it was yet conscious, was 140 in the minute.

There are again a class of cases in which the nervous symptoms are far more striking, the paralysis more widely spread, not limited, as in the cases I have hitherto mentioned, to parts to which the par vagum is distributed. Here is the brief outline of a family group of cases of diphtheria, some of which I saw with Mr. Adams.

On the 26th January, 1859, Master Cl , aged three years and six months, died of diphtheria, having been ill thirteen days. Two days before his death, his sister, aged eight years, sickened with the same disease; in her case the local lesion was not grave, and was confined to the pharynx; and the general symptoms were of moderate severity. At one time there was a little albumen in her urine. I saw her on the 31st of January, and for the last time on the 9th of February, when she was considered convalescent, though weak. Mr. Adams informed me, that instead of gaining she lost power. She was removed to the country on the 23d, but grew less and less able to support herself, and died, so far as Mr. Adams and I could gather, from general loss of nervous power on the 4th of March. The day before her death, she had been taken out of doors.

On the 1st of March, another boy of the same family, aged five and a half years, began to suffer with his throat; he died on the 6th of March, from extension of the exudative inflammation to the larynx. This boy was attacked, and died in the country, where he had been sent with his elder sister on the 31st of January.

Miss Cl., aged twelve years, the eldest of the same family, sickened from diphtheria, on the 8th of February, while with her brother in the country. She was considered to be convalescent on the 22d, and returned to London March 7th. At this date her parents thought her quite well. She gradually, however, fell into the state in which I saw her on the 17th of March; at that time she looked in tolerable health; there was no emaciation, and only moderate pallor of the skin and mucous membranes. To walk, however, a step, she required the aid of two persons. She had very little power in her lower extremities, and still less control over their movements. There was some loss of power in the hands and arms, so that she could not cut her food.

Solids were swallowed without difficulty, but fluids frequently returned through the nose. It was manifest that she exercised very little control over the muscles of the pharynx. Her mind was perfect, her tongue clean, her appetite good; she was taking most nourishing diet; there seemed to be no derangement of the digestive organs. I saw her again on the 23d—there was no improvement; and Mr. Adams informs me that she became more and more powerless, and died shortly after her visit to me on the 23d.

The following interesting case I saw with Mr. Sillifant, of Thornhill Square, last September. Master S., aged one year and ten months, began to suffer from diphtheria on August 16th, 1860 (his brother having died shortly before of the same disease). In three weeks the child had recovered, ran about, resumed its usual habits, and seemed well.

On the 16th of September, his mother noticed that he staggered in walking. Paralysis gradually increased, until he was in the state I saw him with Mr. S. on September 26th. I then noted: "He is very pale, anæmic-looking, thin, muscles small and flabby; but he is not emaciated to any extreme degree. He is intelligent, and eats and sleeps well. There is no evidence of paralysis of any of the muscles of the face, tongue, or eyes. When in his mother's arms, his head falls on one side—backward or forward, according to the position in which he is accidentally placed. When he sits, there is posterior and lateral curvature of the spine, such as occurs from want of muscular power, *e. g.*, in rickets. The arms can be moved at pleasure, though their movements are performed slowly and languidly. The legs are almost powerless; he is quite unable to stand, but when sitting in a chair, supported by pillows, he can move his legs a little. His voice is weak. The respiratory movements are performed feebly. He swallows without difficulty. Fluids do not return through the nose. His pulse is weak—seventy-eight in the minute. There are no evidences of rickets, albuminoid disease, or tubercle. Mr. Sillifant had tested the urine—it was free from albumen."

Mr. Sillifant informed me that the child lived only two days after I took these notes.

"He grew weaker each day; and while sitting propped up in his chair taking some nourishment, he suddenly fell back, apparently in a fainting condition, and died."

He lived thirteen days only from the supervention of the first noted symptoms of deranged innervation.

For an opportunity of seeing the following case I am indebted to Dr. Baly, who kindly sent the patient to me, knowing I was interested in the subject. It affords an example of another form of deranged innervation.

Mr. M., aged 22, a medical student, had an attack of diphtheria while staying in Bedfordshire. The exudation of lymph was limited to the pharynx. The disease began on the 12th of January, 1860. He was ill three weeks. At the end of the illness part of the fluids attempted to be swallowed returned through the nose.

He recovered; was in health for a fortnight; then he had recurrence of the sore throat, and fluids again returned through the nose, and his voice was snuffling. To relieve these symptoms, part of his uvula was removed, and he thought with benefit to his powers of deglutition and voice. Loss of vision of the right eye followed, and he fancied the eye was more prominent than the other: he regained his sight while taking quinine. As the power of vision returned, he began to suffer from tingling and a slight want of power in the feet, the right foot being first affected. I saw Mr. M. first on the 1st of May; the upper extremities below the elbows were then chiefly affected. He had a difficulty in cutting his food, and experienced a constant tingling in the hands, and a sensation as if something were placed between the fingers and the objects they touched.

There was no albumen in his urine; no manifest derangement of his circulatory or digestive organs. He was strong and healthy-looking, only he had, perhaps, a little less colour in his mucous membranes than he should have had.

This gentleman, Dr. Baly informs me, regained his health after some months.

The symptoms of disordered innervation have commenced in the cases I have seen within three weeks from the date of convalescence. Where the disorder has been limited to the parts supplied by the branches of the par vagum, it has supervened earlier than when it has been more generally diffused. The longest period after the first symptoms of diphtheria at which I have known death occur from disordered innervation is about two months.

Before considering the pathology of the disease—its nature, as it is called—there are some points connected with its etiology and progress which the cases I have seen have strongly impressed on my mind.

1st. That the disease is infectious.

2d. That the infection-element does not require for its development any of the ordinarily considered anti-hygienic conditions.

3d. That it is very doubtful even if any of those anti-hygienic conditions favour its development, or give to it a more untoward course when it occurs.

4th. That family constitution is one of the most important elements favouring the development of the disease, and determining its progress.

1st. Dr. E. lived in Euston Road. He was attending a child ill from diphtheria, when he sickened with the same disease. As he recovered, his attendant was attacked with it, and admitted into ward 3. No one in his house, although there were other inmates, suffered, excepting Dr. E. and the young woman who was in constant attendance on him. The child from whom Dr. E. appeared to have caught the disease resided some distance from Euston Road.

Mr. B.'s infant had diphtheria; three of the other five children and the nurse who held the infant in her arms the greater part of the time it was ill took the disease. The nurse was the only adult in the house who suffered.

Miss C. had diphtheria. She went to the country a fortnight after the commencement of her attack, and within a fortnight after her arrival, her brother, some time resident in the country, had an attack.

Miss and Master B. visited at a house where a child was ill from some disease of the throat, of which she died shortly after. Miss and Master B. sickened with diphtheria a few days after their visit.

A boy, aged about five years, was sent from home in consequence of two members of his family having diphtheria; shortly after a third suffered from the same disease. Two of the three who had diphtheria recovered; they were sent to the country, but to a residence some miles distant from that of the little boy. Three weeks from the time the boy left his home, he was allowed to go to the house to which his sisters had been removed on their recovery, and where they were still staying. Ten days after his arrival there, the boy sickened with diphtheria. In this case either the poison was in the child's system when he left London, and remained latent for a month, a supposition highly improbable, or he caught the disease from his sisters after they met in the country.[1]

2d. Of the cases of diphtheria I have seen the last three years, twelve only occurred in hospital practice. Now of all other diseases I have seen many more in hospital practice than in private practice. And, speaking generally, it may be said that people who seek medical assistance at an hospital are placed in much more unfavourable hygienic conditions than are private patients. These facts are strong evidence in favour of the opinion that the ordinarily reckoned anti-hygienic conditions are not especially favourable to the development of diphtheria.

3d. As to the influence of these conditions unfavourable to health in inducing a fatal termination. Of my hospital patients, half died; of my private cases, rather more than half. With reference, however, to this point, I should observe that as the large majority of the cases I have seen in private houses have been in consultation, they indicate a greater mortality than the average in the rank of life in which they occurred, a second opinion being sought usually because the case is severe.

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[1] See also the cases of Wm. W. and G. O., pages 72 and 96.

4th. As in all the other acute specific diseases, the influence of family constitution in favouring the occurrence of the disease, and in disposing to a fatal termination, is very remarkable. You attend a case of typhoid fever—the patient dies; other members of the family sicken—your anxiety for them should be the greater, because one of the family has already succumbed. For we often meet with families who have lost several members from typhoid fever, or from scarlet fever, from hooping-cough, or from measles, and that not only during the same epidemic and in the same locality, but at long intervals and at far-off places. There seems to exist in some families, though to appearance healthy, an inability to resist the injurious influences of certain specific poisons. This influence of family constitution in favouring the occurrence and determining the ending of diphtheria has, I think, been manifested during the present epidemic.

Thus I have seen one or more of four cases in one family of four children, of which two proved fatal;
of two in another family of three children, both fatal;
of two cases in another family of small size, both fatal;
of five cases in a family of six children, one fatal;
of four cases in a family of six children, all fatal;
of two cases in a family of small size, both fatal;
of two cases in a family of (I think) five children, both fatal;
of two cases in a family of (I think) four children, one fatal;
of two cases, an uncle and nephew, one year between, and in different localities, both fatal;
of two cases in a small family, both fatal;
of two cases in a family of six children, both fatal.

In all these cases the hygienic conditions were good; there was nothing patently bad in regard of drainage, ventilation, overcrowding, water supply, food, or work. All the patients were in the middle rank of life, and resided in good-sized houses, and in fairly open situations.

These facts, of course, speak strongly in favour of contagion, as well as in favour of the influence of family constitution.

As to the pathology of diphtheria; the want of relation in severity between the local and general symptoms, the differences in the characters of the general symptoms, the albumen in the urine,[1] the definite course, the nervous symptoms which follow in some cases, the specific origin, and the frequency with which it occurs as an epidemic, all point to the same conclusion, viz., that diphtheria is primarily a general disease. On the more intimate nature of the disease, my cases throw no light, they afford no clue to its blood or nerve origin.

Diphtheria has been supposed to be modified scarlet fever, but the fact that it attacks indiscriminately those who have and those who have not had this disease, proves that it is altogether a different, though it may still be a closely-allied disease.

The child I saw with Dr. Turle, at St. John's Wood, as well as his sister, subsequently attended by him, had both suffered from scarlet fever two years and a half before.

Of five children in one family at Kentish Town, who were attacked by diphtheria, I had attended three a year before, when they were suffering from scarlet fever. A child I saw, a few hours before it died from diphtheria, with Mr. Baly, had been attended nine weeks before by that surgeon for scarlet fever. A second child in the same family, who had had scarlet fever at the same time, sickened from diphtheria a few days after the first died.

Diphtheritic inflammation of the pharynx sometimes complicates scarlet fever. I have seen two well-marked cases of this during the present epidemic. One of the patients was a child whose sister, shortly after, was under my care for scarlet fever without the diphtheritic inflammation of the throat—the other was a man aged 22, a patient in the hospital. In neither case was the throat affection very severe; both ended favourably.

The diagnosis of the scarlet fever rested in both cases on the presence of rash: desquamation followed in both.

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[1] For a knowledge of the highly important fact that albumen is present in the urine of the great majority of fatal cases of diphtheria, we are indebted to Dr. Wade, of Birmingham.

Are diphtheria and croup essentially the same disease? I think not; because there is no evidence to show that croup is anything more than a local disease, that it is contagious—that it occurs as a wide-spread epidemic—that it affects a large proportion of adults—that there is albumen in the urine—that symptoms of disordered innervation follow recovery from the primary affection. We must not confound diphtheritic exudations with diphtheria, any more than we must confound the acute specific disease erysipelas, such as the physician sees, with erysipelatous inflammation of the skin so common in the surgical wards.

A girl named O'Brien, five years of age, was lately an in-patient at the Hospital for Sick Children. She was suffering from severe chronic pemphigus. She had been in the hospital several weeks, when a large excoriated surface on the side of her chest was noticed to be covered with a thick layer of the wash-leather-like variety of diphtheritic exudation; in a day or two little patches appeared on the conjunctivæ. The child died suddenly and unexpectedly the day after the conjunctivæ were observed to be affected. The parents were Irish, and no examination of the body could be obtained; there were no pharyngeal or laryngeal symptoms. In scarlet fever it is not uncommon to have a little diphtheritic exudation on the tonsil and arches of the palate and pharynx; and I have seen it extend to the larynx. In my first lecture are the details of a case of diphtheria supervening towards the decline of measles.

There were lately in the hospital two cases of ulcer of the leg, when several cases of diphtheria were admitted. The ulcers became covered with diphtheritic exudations. No severe constitutional disturbance accompanied the exudation, and local remedies (nitrate of silver) sufficed for the cure.

Of the pathology of the disordered innervation we know but little. In some of the cases it is probable that the par vagum is chiefly affected. This is shown by the irregular action of the pharyngeal muscles, by the vomiting, and by the failure in the heart's action. I need only mention Weber's experiments, to recall to your minds the influence that nerve exerts on the frequency of the heart's beats. Let the par vagum be exposed and divided in the neck, and then the poles of a galvanic battery be applied to the cut extremity of its distal portion, the heart's action is instantly arrested; remove the wires from the nerve, and the beating of the heart is resumed; reapply the wires, and the action of the organ ceases; and so, for some time, you can at pleasure stay and set going again the action of the heart.

The only other acute specific disease in which I have noted such fall in the frequency of the heart's beats is relapsing fever. In that disease, however, the singularly infrequent beating of the heart, which follows the profuse critical perspiration, indicates the return of health; in diphtheria it tells of approaching dissolution, and that even when the mind is clear and the senses acute.

Diagnosis.—You will have gathered from all I have told you, that the absolute diagnosis of diphtheria in any given case must rest on the detection by the eye of lymph on the mucous membrane of the pharynx. But you may often suspect that the disease is diphtheria before the exudation occurs; and sometimes may be almost certain that it is so; just as in measles or scarlet fever, you may venture on a diagnosis before the anatomical character of those diseases, *i. e.* the eruption, has appeared.

Thus, when diphtheria is epidemic or prevalent in the neighbourhood, or has recently occurred in the same house, and the whole mucous membrane of the pharynx is red and swollen, the uvula thickened, and the parts covered with tough mucus, and the glands behind the angles of the jaw enlarged, you would have strong reasons for apprehending the disease to be diphtheria, and especially so if there was epistaxis or sero-purulent discharge from the nose. Bleeding from the nose is occasionally an early symptom of diphtheria. The general aspect of the patient in some cases, adds weight to the local evidence. For in a few cases of diphtheria, the skin has a dirty opaque appearance, and in many a pallid pasty aspect, very peculiar, though by no means diagnostic. If the patient has had scarlet fever, or if the papillæ of the tongue be neither enlarged nor redder than natural, the probability is still higher that the case is one of diphtheria. When the inflammation has spread to the larynx, all doubt ceases in regard of diagnosis.

French writers describe an herpetic eruption on the mucous membrane of the pharynx, which may be mistaken, they say, for diphtheria. It is commonly associated with herpes of the lip; and, as a rule, is much more painful than diphtheria, the pain being limited to a single spot in the pharynx. Several cases of this kind have fallen under my observation; in none has there been any great difficulty in separating them from cases of diphtheria.

Prognosis.—No case of diphtheria is unattended by danger. However mild the case may seem at the commencement, death may end it. Never be off your guard.

During the first week of the disease, the great danger to life is from the extension of exudative inflammation to the larynx. If it does reach the larynx, death is the result in a vast proportion of cases. There cannot be in diphtheria the least laryngeal quality in the respiration heard at the bedside, without there being grounds for the greatest anxiety as to the final result. Suppose the first week of illness to have passed without the inflammation extending to the larynx, then death is to be apprehended from exhaustion and loss of nervous energy; and I beg you to bear in mind that death from these causes may follow even when the pharyngeal inflammation and exudation has been trifling in degree and extent.

An extremely rapid and feeble pulse is of grave import; a very infrequent pulse is of fatal significance. Vomiting is another unfavourable symptom, especially if repeated many days in succession. Bleedings from the nose and other organs not only weaken the patient, but are indications of profound blood change; if profuse, the patient's life is in great jeopardy.

Even a trace of albumen in the urine is an unfavourable symptom; when very abundant, a fatal termination of the case is most probable. The albuminous urine probably indicates rather an abnormal state of the blood than disease of the kidney. At least, after death, I have never seen more than congestion of the kidneys. When the albumen is abundant and the urine scanty, some of the symptoms of uræmia may be conjoined with those of exhaustion; *e. g.*, extreme drowsiness, a little wandering of the mind, and a rapid and feeble pulse. All the cases in which I have known delirium occur have ended fatally.

My experience not only justifies the conclusion that diphtheria is more common in childhood than in adult age, but also that the danger is in proportion to the youth of the patient: thus, while seventeen of twenty-two cases ten years of age and under proved fatal, only six of thirteen cases fifteen years of age and over proved fatal.

In the child, death is generally the result of the extension of the disease to the larynx: after puberty, death more often occurs from the general affection: thus of the seventeen fatal cases ten years of age and under, twelve died from exudation of the larynx; while of the six fatal cases fifteen years and over, only one proved fatal from the laryngeal complication.

Treatment.—We have no specific remedy for diphtheria. It is to be treated on the same general principles as the other acute specific diseases. We have no specific remedy for any of the acute specific diseases. We save by medical aid many lives that would be lost from scarlet fever, from typhoid fever, from typhus fever, from measles, &c.[1] We save such lives, however, only by from time to time averting special modes of death. The specific disease is not cut short—it is not cured by our remedies; it runs its course, do what we may to prevent it.

To avert death in any given acute specific disease, we must know and bear in mind how it kills. Thus scarlet fever kills first, by the severity of the general affection; secondly, by the local throat disease and its consequences; thirdly, by the kidney affection and its consequences; fourthly, by accidental complications, as pericarditis, pleurisy, &c. And in treating a case of scarlet fever, we are always on the watch lest any one of these should attain a fatal degree of severity. And by treatment we can do much to moderate the severity of the general disease, and still more for the throat affection, &c. In the present epidemic of diphtheria, I have seen patients die from the general disease—from the local throat disease and its consequences—from derangement of the nervous system.

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[1] "Tendencies accompany or conditions survive the fever," says the most judicious English writer on medicine of the present day, "which remedial measures, opportunely and judiciously applied, avail to oppose and control. Our object must be, when the fever is once established, to conduct it to a favourable close to 'obviate the tendency to death.'"—*Lect. on Princ. and Pract. of Physic.* By T. Watson, M. D., 4th ed., vol. ii. p. 843.

With reference to the general disease, I would advise you to be guided by the same rules that would guide you in treating a case of erysipelas or of typhoid fever, modified only by your knowledge of the special tendency of each to be complicated by certain local lesions of structure, *e. g.*, you would not purge in typhoid fever. So long as there is heat of skin and firmness of pulse, you should abstain from alcoholic stimulants, and give simple febrifuges, as they were once called, viz., saline medicines, which exert a slight action on the skin and on the kidneys, or on both. Acetate of ammonia and citrate of potash are agents well suited for the purpose. At the same time, the bowels should be well cleared out by a dose of calomel and jalap, or calomel and colocynth pill, followed in the inflammatory form of the disease by a saline aperient, *e. g.*, infusion of roses and sulphate of magnesia. In this stage of the disease the inflammation of the throat should be treated by warm fomentations externally, and the inhalation of water vapour with acetic acid. A wineglassful of vinegar to a pint of boiling water is a good proportion—Squire's inhaler is the best I am acquainted with. You may frequently see it in use in the wards. A lead gargle—one drachm of the solution of the diacetate of lead to eight ounces of rose-water—may occasionally be useful; but if gargles cause inconvenience or pain from the muscular exertion of the throat in gargling, their use should never be persisted in. The patient should be confined to bed, the temperature of the room kept at about 68° Fahr., and its atmosphere made moist by placing a kettle with a long spout on the fire. The form of kettle devised by the late Dr. Pretty is very good for the purpose,[1] and very simple. The young child can neither gargle nor inhale, and at this stage of the disease painting the throat with nitrate of silver, &c., is worse than useless. But you can envelop the young child in a warm moist atmosphere much more perfectly than you can an adult; make a tent with blankets over its little bed, and pass the spout of your kettle under the covering of the tent. The kettle need not be on the fire; fill it with boiling water, and then keep it boiling by spirit-lamps. The diet, so long as the febrile disturbance lasts, should be mild. At the same time do not forget that diphtheria, like erysipelas and typhoid fever, is a disease of low type.

When the disease begins with marked feebleness of pulse, dusky redness of throat, and extreme sense of general weakness, wine in full quantities is required at an early period. From six to eight ounces of sherry or port for an adult, and as good a diet as the patient can take must be given from the first. In the course of the disease, much larger quantities of wine, or a proportionate quantity of brandy, may have to be given. Of course the quantity of stimulant must be regulated by the age and habits of the patient, as well as by the character and the stage of the disease; but remember that, as a rule, young children bear and take with advantage, in diseases of depression, much larger quanties of stimulants than you would probably suppose. A child of three years of age now under treatment at the children's hospital for diphtheria, is taking with apparent advantage one to two drachms of brandy every hour, *i. e.*, from three to five ounces of brandy in twenty-four hours. Under all general conditions attention must be paid to secure efficient action of the bowels, and the urinary and intestinal secretions examined daily.

The presence of blood or of albumen in the urine shows that diuretics are contra-indicated. Mustard poultices, followed by warm linseed-meal poultices, may be applied to the loins under such circumstances. The presence of a large amount of lithates in the urine should cause us to weigh the propriety of giving a mercurial aperient; that is to say, to inquire into the state of the biliary excreta.

As to the value of local applications after the most acutely inflammatory stage has passed, when exudation is occurring, I have formed, from the cases I have seen treated by others, and have treated myself, two decided opinions:—

1. That the single efficient application of

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[1] This is a tin kettle, with a small aperture at the top closed by a screw instead of a common lid. From the front of the kettle project two spouts of about three feet in length, one spout springs from the upper part of the kettle and passes forward in a straight line; the other spout springs from near the bottom of the kettle and passes obliquely upwards. The lower spout ends in a spoon-like projection, just under the slightly curved down open mouth of the upper spout. The steam passes out of the upper spout, and the condensed vapour drops into the little spoon, and is returned by the lower spout to the bottom of the kettle.

a strong solution of nitrate of silver—a scruple to a drachm of water—frequently stays the spread of the exudative inflammation; but that, on the whole, hydrochloric acid and water in equal parts more frequently attain that object.

2. That the repeated application at short intervals of these strong local remedies is injurious; I think I have seen serious evil result from their application two or three times a day.

To apply any substance efficiently to the throat of a child, the little one must, before any attempt even to look into its throat is made, be firmly fixed, so that all sudden movements of its hands and head are completely prevented, and held so that the light may fall directly down its throat. Then the moment must be seized when the child in crying opens its mouth, and a firmly made tongue depressor, or a broad handled tablespoon be passed to the back of the tongue. Having the spoon or depressor in that situation, it is your own fault if you do not have a full view of the pharynx, and, unless much mucus be present, of the epiglottis. Depress the further extremity of the instrument and bring the tongue at the same time a little forward, and all the parts are within sight. If you use a small teaspoon or a very weak instrument, or do not fix the child firmly, or put the extremity of the instrument on the centre of the dorsum of the tongue, the result will probably be that after a struggle, more or less prolonged according to your own, the child's, and the parents' temper, you will fail altogether in attaining your object, or attain it most incompletely.

Having a good view of the part, the exudation, but especially the surface around the exudation, is to be painted with a camel-hair pencil dipped in the solution, the brush being passed over the surface two or three times in quick succession. The efforts to vomit, which your manipulations may excite, offer no real impediment to your proceedings. The application having been effectually made, you are to wait till the consequences of the application have passed away. Bear in mind, that both the acid and the strong solution of nitrate of silver produce white discoloration of the parts to which they are applied, and do not confound this discoloration with the spread of the diphtheritic exudation. I am sure I have seen severe inflammation of the pharynx kept up by the repeated daily application of irritants, used to cure the disease which they themselves were occasioning. The discoloration from the acid passes away in about thirty-six hours; that from the nitrate of silver somewhat quicker. The ordinary sponge probang is a very clumsy instrument for the application of powerful agents to the pharynx. You know not where the fluid from it goes; but a curved piece of whalebone, with a *very* small piece of sponge attached, must be used when you desire to apply fluid to the pharyngeal openings of the posterior nares and back of the *velum pendulum palati.*

The solid nitrate of silver carefully applied around the spreading diphtheritic patch, has appeared to me in some cases to have at once arrested its spread. I have never seen these powerful topical remedies of use while the parts were much swollen, bright red, and covered with mucus. Nay, under such conditions I have seen them do harm. In a case I saw with Dr. Schulof the frequent injection of cold water into the pharynx, which he had employed before I saw the patient, seemed to afford much relief: the patient recovered.

Do not tear off the false membrane; to do that is to commit a decided blunder. I have seen it done repeatedly, but never with good effect, and sometimes with decidedly bad results.[1]

Chlorate of potash, in doses of four grains dissolved in two drachms only of water, has seemed to me of some use in allaying the laryngeal inflammation. I have had no experience of powdered alum, of which Trousseau speaks very highly.[2]

In treating the local pharyngeal disease, you will note that the objects to be attained are the prevention of the spread of the exudative inflammation to the larynx, and the prevention of the occurrence of such an amount of local mischief as may lead to septicæmia; the latter is infinitely rare, the former is very common. By topical applications you do no good to the general disease, *i. e.*, to the diphtheria. The end you have in view in the employment of the acid and nitrate of silver solutions, is merely to avert death by the extension of the disease to the exudative inflammation of the larynx, and death by septicæmia.[1]

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[1] "The authors of the sixteenth century agree in reprobating the forcible removal of the false membranes, and also scarifications, together with all roughness of frictions and applications. I have had occasion several times to convince myself of the justice of these precepts, and I have seen the pellicular inflammation aggravated by all kinds of mechanical irritation. When the disease is not arrested in its progress by two energetic applications made at intervals of twenty-four hours, and the signs of the affection of the air-passages begin to be manifested, this local treatment offers very uncertain chances of recovery."—*Dr. Semple's Translation of Bretonneau's "Memoirs on Diphtheria,"* p. 106. The accuracy of these statements of Bretonneau is confirmed by my experience.

[2] Fifteen grains of powdered alum are mixed with a little sugar, placed on the end of a straw, and blown from it into the pharynx several times a day. Tannin and other astringents have been applied in the same way.

On the table are the pharynx, larynx, trachea, and lungs of a child who died recently in the Hospital for Sick Children. You will note that the exudative inflammation has extended low into the bronchi; that there is extensive collapse and scattered pneumonia of both lungs; and that the pneumonic solidification is of that kind which so often follows on collapse. You will see that there is an opening in the trachea; this was made, and well made, during the life of the child by my friend and former pupil, Mr. Berkeley Hill, lately house-surgeon at this hospital, and now residing at the Hospital for Sick Children.

With reference to the propriety of performing laryngotomy or tracheotomy, when the larynx is invaded by the exudative inflammation, there can be no doubt that some lives have been saved in this country by an opening being made into the larynx or trachea, when death from suffocation in croup and in diphtheria was imminent.

A most unequivocal case of this kind was that of Dr. C. There is not a shadow of a doubt on my mind that he would have been dead in two minutes, had his larynx not been opened at the moment it was by Mr. Quain. I never saw any one so manifestly brought back from the threshold of death. His complexion had that bluish pallor that precedes immediate dissolution. My hand was on his wrist. I felt his pulse failing under my finger, until at last it was imperceptible. His eyes closed, and his diaphragm was making those convulsive contractions which indicate that respiration is about to cease, when the knife entered the larynx, and the air was drawn by what really seemed the last effort of the diaphragm into the lungs. The natural hue of his face returned; his pulse was again perceptible; his eyes opened; consciousness was restored; and the patient was alive again. He finally recovered. Now a thousand failures of the operation in saving life cannot, after seeing this case, prove to me that tracheotomy ought not to be performed when suffocation is imminent from the presence of lymph in the larynx or trachea; for here is a man, whose life was invaluable to his family and most useful to society, restored to health, who, but for the operation, would have been dead.

In France, tracheotomy in children—putting aside those cases in which it is unnecessarily performed—is more successful than it is in England. Why is this? It is said that the operation in England is performed too late; that the patient is allowed to be weakened to an extreme degree before tracheotomy is resorted to. I doubt the correctness of this explanation. I have seen too many children die who were operated on before they were worn out by disease, to admit it. To answer the question, we must examine the facts bearing on it a little more closely. What lesions of structure, not directly due to the operation, do we find after death where tracheotomy has been performed, and what symptoms, explicable by these lesions, are noted during life?

Muco-purulent fluid, in quantity in the bronchial tubes, collapse of lung-tissue, and solidification of lung-tissue from inflammation—the inflammation being commonly secondary to collapse—these are the lesions we find to account for death after tracheotomy in cases of diphtheria and croup. These are the lesions to be seen in the lungs on the table, to which I just now directed your attention. During life we hear mucous and sub-mucous râles over the lungs, and it may be that we find here and there a little dulness on percussion. The increased difficulty to the entrance of the air into the lung-tissue, occasioned by the mucus accumulating in the bronchial tubes, may be measured from hour to hour almost, by the increasing recession of all the softer parts of the thoracic walls during the inspiratory efforts.

The sequence of events then seems to me to be as follows: Formation of irritating muco-purulent fluid in the trachea and largest bronchial tubes; the advance of the mucus, at each inspiration, further and further into the ramifications of the bronchial tubes; irritation by its presence of the bronchial mucous membrane, and the pouring out of fresh muco-purulent fluid. There is, as a rule, no active inflammation of the bronchi, there is little swelling, little tenacious mucus; hence there is during life little or no sonorous rhonchus. But why, you may ask, does not the patient get rid of the muco-purulent fluid by coughing? The answer is easy. He can cough but imperfectly, on account of the state of his larynx and trachea.

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[1] Trousseau, the most recent, and, after Bretonneau, the best writer on diphtheria, expresses a very different opinion as to the value of local remedies in diphtheria. See note, p. 101.

Remember the mechanism of cough and of expectoration. How often have I, and how often shall I again recall it to your mind? To cough freely and deeply, so as to remove obstructions from the bronchial tubes, you take a deep inspiration and then close the glottis; next you compress the air-distended lungs by violent expiratory effort, and then suddenly opening the larynx you drive out of the bronchial tubes by the force of the expelled air all matters contained in them; you expectorate. The child who has a tube in his trachea, or whose larynx is so diseased that he cannot close it firmly, is necessarily unable to cough deeply. He cannot compress the air-containing tissue of the lungs with force enough to drive out by the current of expressed air any excess of mucus, or other matters, from the bronchial tubes. You may excite cough as often as you desire by closing the tube for an instant, and some expectoration will follow; but unless a deep inspiration has preceded the closure of the tube, the quantity of air driven out by the expiratory effort must be small, and the force of its current feeble, consequently the cough will be ineffectual for the clearance of the bronchial tubes; the next inspiratory effort draws the mucus and the secretions from the larynx, trachea, &c., still lower into the tubes. After a short time collapse of lung tissue necessarily follows, and too often the collapse has for its sequences congestion and exudation, *i. e.*, pneumonic consolidation. In diphtheria there is irritating and abundant secretion from the larynx and trachea. In order to cough effectually, you understand, a preliminary full inspiration is essential. Whatever, therefore, prevents such an expansion of the chest-walls or lungs as shall perfectly distend the air cells of the latter with air, prevents effectual cough, and so favours the accumulation of mucus, and of the acrid secretions from the larynx, trachea, &c., in the bronchial tubes, and therefore favours the occurrence of pulmonary collapse, congestion, and inflammation.

Flexibility of the chest-walls is a condition which prevents full inspiration of air when there is the least obstruction to its free passage through the bronchial tubes. The greater the flexibility of the chest-walls, the greater is the mechanical difficulty to the inspiration of air. It is because of the flexibility of their chest-walls that little children, constitutionally healthy, more often die from an attack of bronchitis than do adults, and that children whose ribs are softened from disease commonly die from pulmonary collapse when they are the subjects of trifling catarrh.

Trousseau remarks that he has seen only three children under two years of age recover after tracheotomy for croup. The principal reason for the mortality in children of this age is, that their chest-walls are so flexible that mechanical power is wanting to draw air beyond the fluid which from any cause finds its way into the bronchial tubes. Supplementary causes are the susceptibility of young children to capillary bronchitis, and to the supervention of pneumonia or pulmonary collapse.

But why do a larger proportion of older children die after tracheotomy in England than in France? The cause of this difference is, I think, to be found in the greater frequency of rickets in England, and consequently in the greater flexibility of the chest-walls in proportion to the age of the children. You will observe that many children who are not decidedly rickety are still the subjects of slight softening of the bones. There is no sharp line of demarcation in regard of consistence between the bones of a healthy child and the bones of a rickety child.

As to the early or late performance of tracheotomy in diphtheria, be sure before opening the trachea, first, that the exudative inflammation has extended to the larynx, and secondly, that it is advancing in severity. In judging on these points do not omit to look at the chest, and be guided to a considerable extent by the degree and increase of the recession of the soft parts of the parietes during inspiration. Being satisfied on the two points I have just mentioned, the sooner the operation is done the better. The mortality under any treatment is frightful, but tracheotomy will save a small proportion of cases—then why refuse life to those few? As you grow older you will know the satisfaction it is to have a well-founded conviction that in even a single case you have been the means of saving life. In the adult, laryngotomy is to be preferred to tracheotomy; the larynx is large enough to admit a tube; in children it is too small, especially when narrowed by swelling of its mucous membrane and exudation on its surface. In children then you must open the trachea; open it, however, as near to the larynx as possible. It is said, open below the seat of disease; I think the reverse should be the rule. If you open into the healthy part you establish a new centre of irritation and inflammation.

The child, whose trachea, &c., is on the table, and of which I have before spoken, was only a year and ten months old, and the subject of rickety softening of the ribs. Observe that there is no increase of the disease at the spot where the opening was made, though Mr. Hill opened into the diseased part. Had such a case as this occurred in private practice, the friends of the child should have been informed that death was certain unless an operation was performed; that an operation would give no more than the shadow of a shade of a chance of recovery. And even under more favourable circumstances, *i. e.*, when the patient is older, and not rickety, you should fully explain to the friends the small proportion of operations that terminate in ultimate recovery. In all the cases, save one, that I have seen operated on, temporary relief and prolongation of life has been the result.

After tracheotomy, I have seen children die from two lesions of structure, directly due to the operation. One is injury (ulceration, &c.) to the trachea, from the mechanical irritation of the tube, and the other, suppuration in the anterior mediastinum, inflammation extending downwards from the lower border of the wound in the neck, through the cellular tissue in front of the trachea to the loose cellular tissue in the anterior mediastinum.

Against these as well as other dangers you must guard. I will describe to you a case lately under my care in the Hospital for Sick Children; and from that description you will learn the symptoms which I consider indicate the propriety of opening the trachea, and all the precautions I thought desirable to favour a successful termination of a case of tracheotomy for diphtheria.

The child (George O.) was three years and two months old; its ribs for its age were remarkably firm; its mother had had hæmoptysis.

This child was in the hospital, rapidly convalescing from measles, accompanied by very severe bronchitis, for which ammonia and brandy had been required. When about *one A. M., January 5th*, 1861, *i. e.*, twelve hours after the death of William W.,[1] who lay in the next bed, it was observed by Mr. Hill to be hoarse, and breathing rapidly and stridulously. The cough had assumed a croupy character. There was no lividity of the surface, no recession of the soft parts of the thoracic walls. The mucous membrane of the fauces was very red and swollen. There was no lymph on it. The child had been seen by Mr. Hill, at ten P. M., in his ordinary round, and at that time the breathing was not noisy, in fact, the boy seemed to be progressing towards health most satisfactorily.

The child was at once placed in a bed, to each corner of which is attached a rod, three feet in height; the four upright rods being connected at their tops by four transverse rods. Blankets were thrown over this framework, and into the circumscribed space so formed, hot water vapour was introduced from a long-spouted kettle. At the same time the bed was drawn near to the fire, and bottles of hot water placed in and on the bed; the object being to envelop the child in a pure, moist atmosphere, having a temperature of about 70° Fahrenheit; subsequently a current of hot dry air was passed in a tube through the tent. Fifteen minims of tincture of sesquichloride of iron in water were ordered to be given every two hours, and half a drachm of brandy every hour. The child slept at intervals during the night, and at nine o'clock on the morning of the 5th, Mr. Ringer noted the child lying on its back asleep; in breathing it made a loud snoring noise. On waking, the child coughed; the cough was hoarse, metallic, and ringing in character; it was followed by stridulous inspiration, the ordinary breathing had the laryngeal quality, the voice was thick. The child swallowed without pain or difficulty, it did not look oppressed, its skin was warm and free from lividity. The pulse was frequent and weak. There was, during inspiration, considerable recession of the lower part of the sternum, and of the margin of the thorax, as well as deepening of the supra-sternal and supra-clavicular regions, and of the intercostal spaces.

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[1] See p. 73.

At two P. M. of the same day I made the following notes :—

" The inspiratory and expiratory sound as heard at the bedside are both laryngeal in quality.

" The pulse is 132, small and weak.

" The respirations are 48 in the minute.

" The child breathes through its open mouth, at the same time the nares dilate during inspiration.

" There is occasional cough, laryngeal in quality.

" The recession of all the softer parts of the thoracic parietes during inspiration is considerable, the lateral regions being flattened.

" On percussion both sides of the thorax are hyper-resonant.

" On auscultation the inspiratory murmur is very faintly audible. No abnormal sounds are heard in any part of the chest.

" The tonsils, uvula, arches of the palate, &c., are red and swollen. Much mucus obscures the view of the pharynx. The mucous membrane of the nose is dry. The lymphatic glands behind the angles of the jaw and down the sides of the larynx are somewhat larger than natural, but not tender."

The dose of the brandy was increased from half a drachm to a drachm every hour. I expressed a wish that the trachea should be opened in case the impediment to the entrance of the air into the chest increased.

At ten P. M., Mr. Ringer noted that the child looked more oppressed, that the lips were slightly livid, that inspiration was more difficult and prolonged, that the sound accompanying inspiration was more strongly laryngeal, that the soft parts of the chest walls fell in very greatly during inspiration. It was obvious that the impediment to inspiration was rapidly increasing. The pulse was frequent, but of pretty good power. No time was to be lost, every quarter of an hour was of moment, and therefore tracheotomy was at once performed by Mr. Berkeley Hill. I again use the notes of our accurate and able Registrar, Mr. Sidney Ringer.

Much blood was lost in the operation (this is sometimes unavoidable); the trachea was opened as near to the larynx as possible. After the tube[1] was introduced there was some blood and mucus in the trachea, which caused the child much annoyance and excited frequent efforts to eject it. In about an hour these efforts ceased, and the child fell into a calm sleep, lying on its back and breathing quietly. There was now no falling inwards of the softer parts of the chest walls during inspiration. The colour of the lips was good, there was no pallor of the face, no lividity. There was still a little dilatation of the nares during inspiration. When the tube became clogged, but then only, was there recession of the softest parts of the chest walls. The pulse was 108, and of tolerably good power. The respirations were 42 in the minute, but very irregular.

The skin, as judged by the hand, was of normal temperature and moist. There was much moist râle at the bases of both lungs.

On January 7th, the second day from the operation, and the third day of the disease, the breathing was very tranquil, but occasionally hurried. There was no lividity of the surface. The boy had some colour in his cheeks, he looked calm. The pulse was 132, soft, not particularly weak.

On January 8th, the pulse was 132. The respirations were 38 ; there was no lividity, the lips were of good colour.

Mr. Hill placed his finger on the tube, then in a second or two withdrew it ; the child necessarily took a deep inspiration. Seizing the moment when the chest was distended by air, Mr. Hill again placed his finger on the tube, waited until effort to cough was made, and then suddenly withdrew the finger ; by this manœuvre he succeeded in making the boy expectorate much muco-purulent fluid.

The wound was freely cauterized with nitrate of silver.

On January 9th, the fourth day from the operation, the child's general condition had greatly improved ; he sat up in his bed and played with his toys. The nurse reported that he had slept well at night. The bowels had acted once during the last twenty-four hours, as they had daily from the outset of the disease. The urine had been tested daily, but *on this day, for the first time, it was found to contain albumen. The albumen was always to be detected in the urine from this date till the child's death.*

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[1] The tube used was a common double silver canula, as large as the trachea would receive. The canula, with an aperture on its dorsal surface, seems to me, however, better than that here used.

Some muco-purulent fluid was coughed past the tube through the larynx into the mouth. The child ate a little dry sponge-cake. Mr. Hill took out the tube in the evening and closed the aperture in the trachea with his finger, to test the child's ability to breathe through the natural passages. The child struggled so much for breath that the finger was soon removed; a good deal of dirty-looking, fœtid, muco-purulent matter escaped from the trachea through the wound. The tube was reintroduced.

On January 11th, *i. e.*, the seventh day of disease, the child's general condition was very good; the pulse 136, the respiration 42. It ate and slept well, and displayed more irritability of temper than it had previously done. The wound, however, looked in a bad state, its edges being sloughy and offensive. Mr. Athol Johnson, who saw the patient with me, advised that the wound should be washed with a solution of chlorinate of soda.

On January 12th, *i. e.*, seventh day after the operation, the child at the time of my visit in the afternoon was sleeping so tranquilly that its respirations were inaudible, the frequency was only to be determined by the hand placed on the abdomen. The respirations were 40, the pulse 136. The skin was soft and normally cool. The wound was looking more healthy, but the opening into the trachea was wide and ragged-looking. In the evening the child sat up in bed and played lustily with a drum.

In the course of the evening Mr. Hill removed the tube for a few minutes, a violent fit of coughing was the result, during which some mucus was ejected through the opening in the trachea, but it hung around the wound, so that it was drawn into the trachea again at the succeeding inspiration. When the tube was in the trachea the mucus was expelled from the tube, and so removed from the influence of the next inspiration. As the child became livid and the pulse very feeble from the obstruction to the ingress of air offered by the mucus drawn into the trachea, the tube was replaced.

On January 13th, the pulse was 138 and rather irregular in force and frequency. The child breathed calmly, and was cheerful. Its skin was cool, its appetite excellent.

Every day, however, that anæmic pasty look so often seen in diphtheria had increased.

From the day of the operation the child had not been allowed to drink, but all his food had been soaked in milk, wine and water, or beef-tea. The importance of giving all fluids in the form of sop is to be impressed on the nurse, because two or three days after the operation the glottis has been observed to lose some of its irritability, and fluids have passed into the larynx and even caused the death of the patient. A friend of mine told me that he lost a very promising case, apparently from this accident, on the fourth day after the operation.

The boy having declined the tincture of the sesquichloride of iron on the second day, it was omitted, and a few grains of the ammonio-citrate of iron were given in its place.

From the 13th to the 17th January, the pulse rose daily in frequency. On the 16th it was 160 in the minute. All this time, however, the child continued cheerful.

On the 18th January, *i. e.*, the fourteenth day of illness, the child took its breakfast as usual; at noon it was evidently sinking; its pulse was 176, its respiration 76, and there was great recession of the chest walls during respiration.

At five P. M., the pulse was too rapid and feeble to be counted, and the respirations were 86 in the minute. At nine P. M. the child died.

The child had never been removed from the bed for the purpose of examining its chest from the time of the operation. Much injury might have resulted to the child from the exposure and exertion, while no good end could have been attained by the knowledge that a little mucous or submucous râle, or a little fine crepitation existed here or there.

After death, the wound showed no signs of attempt at repair. It was sloughy-looking, and at places on it was some granular lymph. The lungs were acutely but highly emphysematous, so that they met in the middle line and almost covered the heart. The most depending part of the inferior lobe of the left lung was collapsed. The collapse affected about one third of the lobe. The bronchial tubes leading to the inferior lobe contained a large quantity of very thick airless purulent fluid. The smallest tubes running through the collapsed tissue, were filled with fluid of the same character. The collapsed portion broke down too easily on pressure, and was less flabby than is merely collapsed lung-tissue; it was evidently the seat of incipient secondary pneumonia. On cutting across the emphysematous parts of the lung, *i. e.*, all the lung not collapsed, a good deal of aërated muco-purulent fluid escaped. The inferior lobe of the right lung was scarcely if at all collapsed. The posterior third of the superior lobe was solid, chiefly from pneumonia. Here and there, around and mingled with the lobules, solid from pneumonia, were little portions of collapsed lung-tissue, and the small bronchial tubes running through the collapsed and solid-from-pneumonia lobules, were filled with thick airless purulent fluid. The lymphatic glands behind the angles of the jaw, down the neck, beside the larynx, and at the bifurcation of the trachea were large, red, moist, and brittle.

The uvula and the velum pendulum palati were thickened. On the posterior surface of the velum was a patch of tough lymph about the size of a sixpence, and from this a layer of tough lymph extended upwards, even into the posterior nares. The coats of the pharynx itself were thickened and somewhat contracted. The epiglottis seemed healthy, except that its under surface was covered with thick mucus. The aryteno-epiglottidean folds were scarcely thicker than natural. Below the root of the epiglottis, the mucous membrane, as low as the bifurcation of the trachea, was covered with a continuous layer of tough lymph. On removing this, the mucous membrane beneath was found to be intensely red. The opening from the trachea into the larynx was completely blocked up by lymph.

The wound internally looked healthy. Over the ring of the trachea next below the opening, the mucous membrane to a small extent was abraded or superficially ulcerated. The kidneys and other abdominal viscera contained an excess of blood, but seemed otherwise healthy.[1]

You will note in the account I have given you of this case, as especially worthy of remembrance in regard to the operation for tracheotomy—

1. That the operation was performed as soon as it was evident that the laryngeal disease was progressing, and was seriously interfering with the entrance of the air into the thorax; the excess in the falling in of the chest walls over that of health during the child's ordinary inspirations, being regarded as the measure of the impediment to the passage of the air through the larynx.

2. That the opening into the trachea was made near to the larynx. It was so, 1st, in order that there might be as little chance as possible of the inflammation extending to the cellular tissue of the anterior mediastinum; 2dly, in order that the air might have as long a passage as possible to pass through before reaching the lungs; and 3dly, and especially, in order not to excite inflammation lower down the trachea than already existed when the operation was performed.

3. That no fears respecting the evil consequences of opening the diseased part of the trachea exercised any influence in determining the spot for the operation.

4. That the tracheal tube was of good size.

5. That the edges of the wound were freely cauterized after the operation.

6. That the air the child breathed was kept as nearly as possible at 70° Fahr., and was moist. These conditions were secured by the arrangements of the bed I have described to you, and by covering the openings of the tube by a neck comforter.

7. That measures were taken from time to time, to excite deep cough, and so to favour expectoration of the morbid matter drawn into the bronchial tubes from the trachea, and formed in the bronchial tubes from the irritation of that matter, &c.

8. That the child was well supported by food and stimulants from the first. Fluids being always supplied by soaking sponge-cake, bread, &c., in them; baked apples and grapes were given freely.

At the time of the operation two facts were in favour of the child's recovery, *viz.*, it being more than two years old, and its ribs being firmer than is usual at its age. But then, on the other hand, the child was weakened by the attack of measles and bronchitis, from which it had scarcely recovered when it began to suffer from the diphtheria; it was still at an age when capillary bronchitis, collapse, and pneumonia, secondary to collapse, are very common;

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[1] They were examined with the aid of the microscope.

and the diphtheria, the general disease, had yet to run its course.

The death of the child was the consequence of the general disease, hastened probably a little by the state of the lungs.

The operation was successful so far as concerns the attainment of the object for which it was performed. The child would have died on the 5th of January, had the trachea not been opened; it lived to the 18th. Slow suffocation is one of the most distressing modes of death; death from asthenia one of the least. So that twelve days of life were gained and much suffering was avoided by the operation.[1] You will remember that I told you, that the laryngeal affection all but always kills within a week from its outset, and usually within three days, and that the general disease more commonly causes death during the second week.

The sequence of events in this case, and the relation and importance of those events, seem to me to have been as follows:—

Diphtheria late in the night of January 4th; the exudative inflammation affecting the larynx and pharynx. Exudation of lymph into the larynx early on the 5th. Death by suffocation averted on the night of the 5th by opening the trachea.

Continuance of the diphtheria. Extension of the exudation downwards to the bifurcation of the trachea; and upwards to the posterior surface of the velum pendulum palati, and thence forward to the anterior nares.

Diphtheritic inflammation of the wound. Expectoration through the opening in the trachea, facilitated by the firm state of the ribs and the management of the tube, and thus death by collapse averted.

The progress of the general disease shown during life by the occurrence, for the first time, of albumen in the urine on the fourth day of disease, and the continuous and gradual rise in the frequency of the pulse, and, after death, by the exudation on the pharyngeal and nasal mucous membranes.

The little collapse and the small amount of pneumonia probably supervened during the last day of life, the patient no longer expectorating the irritating matter drawn into the bronchi from the trachea.[2]

Death from asthenia at the end of the second week of the disease.

With regard to the remedies that have been praised as specifics in diphtheria, or as all but meriting that high name, I have seen nothing like unequivocal specific good from any of those of which I have had experience. I have either given myself, or seen given by others, the tincture of the sesquichloride of iron, in doses of twenty drops every two or three hours; sesquicarbonate of ammonia, in doses of four or five grains every two or three hours; bark in various forms, with and without ammonia; and calomel; but by none of these have I seen any specific influence exerted. From all, some benefit has accrued, when their exhibition was specially indicated—just the kind of good we see from them when judiciously administered in other diseases.

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[1] If tracheotomy did no more than substitute the easy death from collapse and pneumonia, or from asthenia, for the painful death from obstruction in the larynx, it would in many cases be a justifiable operation. Trousseau has drawn, with a master's hand, so faithful and graphic a picture of the terrible suffering in death from slow suffocation, in acute laryngeal inflammation, that I cannot refrain from quoting his words and his description at length:—

"Cependant les accès se rapprochent en devenant de plus en plus violents; et jusqu'au moment de l'agonie il n'y a bientôt plus entre eux d'intervalles de tranquillité; le sifflement laryngo-trachéal est continu. De temps en temps, les pauvres enfants, dans un état d'agitation impossible à décrire, se dressent brusquement sur leur séant, saisissant les rideaux de leur lit qu'ils déchirent dans leurs mouvements de rage convulsive; quelquefois ils écorchent avec leurs ongles les papiers tendus sur les murs; ils se précipitent au cou de leur mère et des personnes qui les entourent, les embrassant, et cherchant à s'accrocher sur se qui se trouve à leur portée pour y prendre un point d'appui. Dans un autre moment, c'est contre eux qu'ils tournent leurs efforts impuissants, portant violemment leurs mains à la partie antérieure de leur cou comme pour en arracher quelque chose qui les étouffe. La face bouffie, violacée, les yeux hagards et brillants, expriment l'anxiété, la plus pénible et une profonde terreur; puis l'enfant tombe accablé dans une espèce de stupeur durant laquelle la respiration reste difficile et sifflante. La face, les lèvres sont alors pâles, les yeux abattus. Enfin, après un effort suprême de respiration, l'agonie commence, et la lutte se termine sans qu'il y ait eu, à partir de ce moment, autant d'accès de suffocation qu'auraient dû le faire prévoir ceux qui ont eu lieu jusque-là. Chez l'adulte, le tableau est plus effrayant encore. La violence des accès de suffocation, l'espèce de rage qui s'empare du malheureux mourant, étranglé par cet obstacle dont il ne peut se débarrasser, sont impossibles à dépeindre. A la fin, lorsque les lèvres sont devenues livides, lorsque le visage est bouffi, violacé; au dernier terme de l'asphyxie, l'adulte tombe, comme l'enfant, dans cette sorte de stupeur et d'enivrement, et meurt ordinairement, dans un état de prostration."—*Clinique Médicale*, 1861, p. 322.

Those only who have witnessed the sufferings so described, and the instant relief from them that follows on the opening of the windpipe, can appreciate fully the palliative value of tracheotomy.

[2] It will be gathered from the account I have given of this case, that I cannot agree with Trousseau in the following statement:—

"It seems as if the disease, having reached the air-passages, exhausted there all its force, and *if by giving passage to the air into the respiratory apparatus by tracheotomy we prevent the patient dying, the cure will occur naturally.*"—*Clinique Médicale*, 1861, p. 424.

As the septicæmia results from the absorption of fetid matters from the throat, local applications are indicated—solid nitrate of silver should be applied freely to the fetid surface, as soon as the glands behind the angles of the jaw begin to increase quickly in size, and to become tender, and gargles or washes of chloride of soda, or of Condy's fluid, used; by cauterizing the surface from which the infection is proceeding, and by the use of these antiseptics, we may prevent that which, when fully established, we are impotent to cure.

With reference to the treatment of the nervous disorders which follow diphtheria, as all the symptoms of those disorders indicate loss of power, and are accompanied by pallor and other anæmic symptoms, nourishing animal and stimulating diet, fresh air and exercise, and steel and quinine, seem especially to be indicated. Where the paralysis has been limited to the pharyngeal muscles, to tingling in some parts, to affections of the special senses, or to slight want of power in the extremities, those measures have proved successful; but when the paralysis has been widely spread or extended to the heart, the cases have ended fatally, notwithstanding the employment of the remedies I have mentioned. In any case of the kind I again see, I shall certainly give strychnine, in small doses, a fair trial, in addition to general tonic remedies. Perhaps stimulation by blisters over the upper part of the spine might be of use.

In the treatment of the diphtheritic throat affection, I have seen blisters applied, and it has seemed to me that their effects were injurious.

The vomiting is best allayed by iced stimulants internally, and mustard poultices to the epigastrium. Vomiting often continues notwithstanding all our remedies, and by exhausting the patient hastens the fatal termination. Restlessness and delirium are to be treated by opiates. The doses of these remedies must of course vary with the ages of the patients.

To conclude, the great facts I desire to impress on your minds are—

1st. That diphtheria is a general disease, having exudative inflammation of the pharyngeal mucous membrane for its anatomical character.

2d. That it attacks persons of all ages, from early infancy to old age; but is most common and most fatal in childhood.

3d. That it is contagious, but requires for its propagation either complete exposure to the contagious principle, or predisposition on the part of those receiving it, and that the latter is probably by far the more important of the two conditions of development.[1]

4th. That the general disease varies in its character from sthenic febrile to typhoid febrile, but always has a tendency to assume an asthenic type.

5th. That the local nasal, pharyngeal, and laryngeal disease is inflammatory in nature, the inflammation varying in character from sthenic to asthenic, but always showing a tendency to become asthenic.

6th. That, as we have as yet discovered no specific remedy for the general disease, we must treat it in accordance with general principles, bearing in mind its tendency to assume an asthenic character.

7th. That *all* we are to expect from the topical employment of active agents, such as nitrate of silver, is the arrest of the exudative process before it has extended to the larynx, and the prevention of the absorption of fetid matters.[2]

8th. That in opening the windpipe, the sole object we have in view is the prevention of death by suffocation; that by so averting death, time is gained for the general disease—the diphtheria—to run its course.

9th. That the muco-purulent fluid in the smaller bronchial tubes, which by its presence in them necessitates pulmonary collapse, is partly drawn into them from above and partly secreted in them; the secretion being due chiefly to the irritation of their mucous membrane by the morbid matter drawn into them from the trachea, &c.

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[1] There is not the shadow of ground for the belief that the disease can be carried by the clothes, &c., from one house to another.

[2] Trousseau thinks that the general disease is curable, or, at least, that it is capable of being arrested by remedies applied to the throat.

"There is, however," he says, "an essential difference between diphtheria and the diseases I have just named (*i. e.*, smallpox, measles, syphilis), viz., that greater account is to be taken of the local affection in diphtheria than in those diseases. If in smallpox, for example; we do not occupy ourselves with the pustules, if we occupy ourselves with them at least only for diagnosis and prognosis; if we do not occupy ourselves with them in regard to treatment, it is not so in diphtheria. We may compare, indeed, what happens here with what happens in malignant pustule, where, in attacking directly the local affection, we check (*enrayons*) *the progress of the general disease* of which that affection was a first manifestation. *So in diphtheria, by interposing energetically to combat the first manifestation, we may sometimes arrest the progress, prevent the ulterior manifestation.*"—*Clinique Médicale*, 1861, p. 363. The doctrine taught in the text, founded on my own experience, is quite opposed to these views.

10th. That death so often follows tracheotomy for diphtheritic inflammation of the larynx and trachea, because of the mechanical facility which exists for inspiring the morbid secretions of the larynx, trachea, and larger bronchial tubes into the smaller bronchial tubes and air-cells, and of the mechanical difficulty of expectorating matters from the smaller bronchi when there is an opening in the windpipe, or when the chest walls are very flexible.

11th. That death from the laryngeal complication occurs, with very rare exceptions, during the first week of disease; that death from asthenia more commonly occurs during the second week of disease, and that the youth of the patient is a predisposing cause of the laryngeal affection.

12th. That in exceptional cases (as in the lad M.) diphtheria proves fatal in a few hours from the severity of the general disease, just as happens now and then in scarlet fever.

13th. That disordered innervation is an occasional consequence of diphtheria; that the parts of which the innervation is most commonly disordered are some of those to which the par vagum is distributed, viz., the pharynx, the stomach, and the heart; that the disorder may affect all or some of the motor and sensitive nerves, or the motor or the sensitive nerves of the trunk or of the extremities, as well as the nerves of special sense.

14th. That these disorders of the nervous system are to be treated on general principles, and that as anæmia (sometimes even a high degree of it) is a common concomitant, restoratives, including steel, are indicated.[1]

15th. That an extreme fall in the frequency of the heart's beats during the disease, or as a result of one of the nervous derangements succeeding it, is a fatal sign; and that decidedly diminished power in the inspiratory muscles is probably of equal significance.

16th. That delirium, frequent and uncontrollable vomiting, considerable hemorrhage from the nose or other parts, a very rapid and feeble pulse, and albumen in the urine, are most unfavourable symptoms.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Housemaid's Knee by the Thread Seton.—At the present time three girls, of the respective ages of fifteen, sixteen, and seventeen years, are to be seen in one ward of St. Bartholomew's Hospital, who are the subjects of enlarged bursæ over the knee, brought on by kneeling on a hard floor or stone steps whilst following their occupation as servants. The occurrence so early in life is unusual; but there is no reason why females of all ages should not be subject to this affection if exposed to the causes which give rise to it. We recollect an instance, in University College Hospital, of a young man, under Mr. Erichsen's care, with an enlarged bursa over one of his knees, the result of his peculiar calling, which was that of a tacker down of carpets.

When Mr. Skey's patients were admitted, all the acute signs of inflammation had subsided; but the enlarged bursæ remained filled with fluid. Various plans of treatment are recommended for this affection, including, amongst others, repeated evacuation by punctures, until the bursal sac secretes no further fluid, or is obliterated by inflammation. Simple as this process is, however, fatal consequences have ensued by the severity of the constitutional symptoms. Mr. Skey's practice is to pass through the tumour a thickish thread, which is allowed to remain in. This sets up inflammatory action, known by a little redness around the entrance of the thread, and the swelling either subsides altogether, or, what is more common, an abscess forms, which is opened, and the cavity becomes obliterated. In these three patients this treatment was followed out, and suppuration took place in all, with the result of cure. In one—the girl of sixteen—erysipelas was contracted in the knee, and in the foot of the same leg, from a patient in the neighbouring bed. An abscess formed in the foot, which was opened, and the erysipelas is disappearing under the use of quinine internally.

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[1] I have not had an opportunity of examining after death, a case in which disordered innervation was a prominent symptom; but, judging from the character of the symptoms, I should not expect to find any appreciable change in the structure of the brain, spinal cord, or nerves. In the few cases that have been examined by others, no change has been detected.

Mr. Skey applies the seton to all forms of housemaid's knee. He thinks it is perhaps better suited, however, to the hard and indurated bursæ.

There are some examples of this disease, wherein the walls of the cyst have become so thick and solid that no plan of treatment short of actual removal will prove of any avail. We have seen Mr. Fergusson, at King's College Hospital, dissect them out, under such circumstances, with good results. And we can call to mind an instance that came under our notice some months back, at University College Hospital, under Mr. Erichsen's care, of a girl who had a bursal tumour of this character wholly removed.

In October last, Mr. Quain had a girl, aged nineteen years, under his care in the same hospital, in whose left knee was a fluctuating bursal tumour, of the size of a small orange. This was treated by a thread seton, with the result of causing evacuation of its contents, mild suppurative inflammation, and obliteration. In that instance the tumour had been present ten months, and arose from kneeling while scrubbing.—*Lancet*, April 27, 1861.

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Lodgment of a Forthing in the Œsophagus of a Young Child; Ejection through the Influence of Emetics—We publish the following very remarkable instance of the impaction of a farthing in the upper part of the œsophagus of a child eighteen months old for the long period of three months. The symptoms were peculiar, and as very little food passed downwards the child became much emaciated. The presence of the farthing at the back of the larynx occasioned attacks of dyspnœa. It could not be felt with the finger, and its ejection was successfully accomplished by repeated emetics. Considering the period during which lodgment continued, it is somewhat singular that ulceration, abscess, or some more serious mischief had not ensued. Mr. Erichsen relates an instance in which a piece of gutta percha had remained lodged and undetected in the œsophagus of a man for upwards of six months. One day at dinner this patient suddenly vomited a large quantity of blood and fell down dead. The foreign body had formed a pouch for itself, and had ulcerated into some important bloodvessel. The subjoined case is uncommon, because a foreign body is generally readily detected in the throat of a child.

J. P——, aged eighteen months, female, was admitted August 24th, 1860. Her mother reports that about twelve months ago the child nearly swallowed a farthing; for fourteen days after this feat she was weak and ailing, and then began to vomit and make a noise in her breathing. Her breath is sometimes very short; she gets dark in the face; has constant sickness; the food seems not to descend beyond a little way. Gets worse; is emaciated; lips now of good colour; loud snoring noises all through both backs, which are fully resonant; jugulars not distended.

On examination of the throat two days later with the finger no foreign body could be felt. Emetics of sulphate of zinc night and morning were ordered. On the 28th the child had a severe paroxysm of dyspnœa, and appeared in great danger of suffocation. In the evening the mother gave her three consecutive doses of the emetic mixture. The first two had no effect, but after the last the child vomited up the farthing. It was shown to Dr. Jones the next day. The coin was much darkened, and had a distinct transverse line running across its middle; at first there was a substance "like liver" adhering to it. Since the ejection of the farthing the child has swallowed better. It is probable that the coin had lain during the long time that had elapsed from the date of its being swallowed in the lower part of the pharynx, just behind the entrance to the larynx. In this position it would obstruct permanently the descent of food into the œsophagus, and also might easily irritate at times the constrictor muscles of the glottis, so as to close the opening, and thus cause the paroxysms of dyspnœa. The transverse line on the coin was probably produced by the grip of the pharyngeal constrictors which held its lower part. The liver-like stuff about it was doubtless altered blood. It seems doubtful whether poking with forceps would have succeeded so well as the simple emetics.—*Lancet*, Feb. 23, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association—It will be perceived by the following announcement, that the annual meeting of our national congress will not be held this year:—

"The undersigned Committee, appointed to make the necessary arrangements for the annual meeting of the Association in this city, in June next, after due consultation with prominent members in distant sections of the country, hereby give notice that said annual meeting will be *postponed* until the *first Tuesday in June*, 1862, on account of the present grievously-disturbed condition of the whole country.

N. S. Davis, E. Andrews,
J. Bloodgood, Thos. Bevan,
De Laskie Miller, H. W. Jones,
J. W. Freer,
Committee of Arrangements.
Chicago, April, 25, 1861."

—

Medical Society of Pennsylvania.—We understand that the annual meeting of this Society, which was to be held this year at Pittsburg, on the 12th June, has been postponed for one year.

Delegates elected to the meeting will please take notice of this, in order that they may be saved a useless journey.

—

National Quarantine and Sanitary Association.—The annual meeting of this Association, which was to have been held this year in Cincinnati on the 29th of May, has been postponed for one year.

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Medical Classes, Session 1860-61.

Med. Dep. University of Pennsylvania	465
Jefferson Med. College, Phila	443
Medical College of the State of South Carolina	222
University of Louisiana	401
New Orleans School of Medicine	236
College of Physicians and Surgeons, New York	264
University College, New York	420
University of Maryland	150
Massachusetts Medical College	205
Cincinnati College of Medicine and Surgery	127
St. Louis Medical College	140
Long Island College Hospital	58
University of Michigan	242
Lind University (Chicago)	51
National Medical College (Washington)	83
University of Nashville	399

—

Naval Medical Board.—A Board of Medical Officers will convene at the United States Naval Hospital, New York, on the 1st of June, for the examination of candidates for admission to the Medical Corps of the United States Navy.

Gentlemen desiring permission to appear before the Board, must make application to the Honorable Secretary of the Navy, stating their residence, place and date of birth, accompanied with respectable testimonials of moral character.

Applicants must not be less than twenty-one, nor more than twenty-five years of age.

No expense is allowed by Government to candidates attending the sessions of the Board, as a successful examination is a legal prerequisite for appointment in the Navy.

—

Medical College of Texas.—We learn that the legislature of Texas has recently granted a charter to an institution under this designation. The following constitute the faculty. Dr. Ashbel Smith, Prof. Surgery; Dr. N. N. Allen, Prof. Anatomy; Dr. G. A. Ferris, Prof. Pract. Med.; Dr. W. H. Gault, Prof. Obstetrics; Dr. W. S. Rodgers, Prof. Diseases of Women and Children; Dr. J. F. Matchett, Prof. Mat. Med.; Dr. W. P. Riddell, Prof. of Chemistry; Dr. T. E. Brooks, Prof. of Physiology and Pathology.

The first session will commence on the third Monday of next November and be continued for four months.

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Savannah Journal of Medicine.—Dr. Juriah Harris has retired from the editorial management of this Journal, and has been succeeded by Dr. Alfred B. Tucker, Prof. Chemistry in Savannah Med. Coll. The Journal is hereafter to be published monthly instead of bimonthly.

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Medical Association of Georgia.—At the annual meeting of this Association held at Atlanta, Georgia, on the 10th and 11th of April, 1861, the following preamble and resolutions reported by a committee were unanimously adopted:—

"That while this Association acknowledges no abatement of its zeal for the advancing intelligence and success of the profession—to whose interests it is devoted—and contemplates no abandonment of the high code of ethics and the conventional courtesies which have so long governed and distinguished the ranks of regular medicine; yet, the circumstances by which we are now surrounded, not only authorize, but require the disruption of long existing ties as indispensable to the maintenance of harmonious action and the continued progress of the great principles to whose destiny we are pledged; therefore,

"1. *Resolved*, In the opinion of your committee, the great political revolution which has sundered the *National* ties that have bound us as a part of a Confederate Government of Independent States for three-fourths of a century and spread deep disaffection far and wide through the two sectional divisions of the late "Union," constitute ample and sufficient cause—such as will be sanctioned at the impartial bar of the scientific and professional world—for the prompt and entire disruption of the bonds by which we have been heretofore united to the American Medical Association, and we hereby recommend that they be forthwith *dissolved.*

"2. *Resolved*, That whatever may be our grievances as a people—and we hereby declare them to be deep, and in their results upon us abiding—we suffer them not to *control* us in this decision, but declare it to be the calm and deliberate action of those who are desirous to receive the highest moral and scientific results contemplated by this Association.

"3. *Resolved*, That we hold ourselves in readiness, as the organized representatives of the Medical Profession of the great State of Georgia, to unite with our sister States of the Confederate States of America, in the formation of a new professional organization for the *South*, upon the same broad and generous principles which we have been ever disposed to honour and maintain, and which shall still continue to meet our warm approval and hearty concurrence.

"4. *Resolved*, That in accordance with the foregoing preamble and resolutions, this Association will be no longer represented in the American Medical Association, and hereby declare *its complete and final separation from that body.*

"*Resolved*, That the secretary communicate the secession action of this body to the various State medical organizations within the limits of the Confederate States, and invite their attention thereto; and also to consider the propriety of organizing a Southern Medical Association."—*Atlanta Med. and Surg. Journal*, May, 1861.

FOREIGN INTELLIGENCE.

Treatment of Incontinence of Urine.—Dr. Cardinale, of Genoa, reports the case of a man, aged 69, who had suffered for some months from incontinence of urine, and who was cured by the administration of tincture of cantharides in doses of three drops in the day. The medicine was given in almond emulsion, and at the same time an animal diet with wine was prescribed. The cure was complete in twenty-five days.—*Gazetta delli Ospedali di Genova*, Jan. 1861.

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New Treatment of Prolapsus Ani.—M. Foucher recommends the subcutaneous injection of strychnia in the treatment of the prolapsus ani of infants. Ten drops of a watery solution of strychnia (gr. iij to ℥xj) are to be injected with Wood's syringe into the sphincter ani, and repeated after twenty-four hours. M. Foucher records the case of a girl aged 4 years, in whom this treatment proved entirely successful. Great improvement followed the first injection. The quantity of strychnia injected on each occasion was about one-twentieth of a grain.—*Gaz. Méd. de Paris*, Feb. 9, 1861.

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Iodide of Ammonium in the Treatment of Syphilis.—Dr. Galligo, of Florence, has lately published a memoir in which the iodide of ammonia is spoken of as much preferable to the iodides of potassium or of sodium. He thus confirms the experience of Gamberini. The employment of iodide of ammonia is indicated under the same circumstances as that of the other iodides; but its action is more prompt; it is more easily tolerated, and less apt to produce iodism; while at the same time the treatment with this salt is less expensive, as a smaller dose suffices. Such are a few of the many advantages which this remedy is said to possess. For others, the reader must refer to Dr. Galligo's memoir, which contains the history of thirty-eight cases in which the iodide of ammonium was employed.—*British Med. Journ.*, April 6, 1861, from *La Presse Méd. Belge*, *Jan.* 13, 1861.

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Tannin an Antidote of Strychnia.—Dr. Kursak concludes, from numerous experiments on dogs and rabbits, that the prompt exhibition of tannin is the safest and most efficient remedy for poisoning by strychnia. The quantity of the antidote should be proportionate to the amount of the poison which has been taken, and even somewhat exceed the latter, inasmuch as the contents of the stomach are liable to absorb a portion of the neutralizing agent. For every grain of strychnia, about two drachms of gall-nuts, or more in case of vomiting, should be prescribed. Green tea also appears to possess a certain degree of efficacy, but only when the quantity of poison is very small. Oak-bark, acorns, etc., are convenient and active substitutes for pure tannin. But vegetable acids should be prohibited during the treatment, as they promote the dissolution of the precipitants thrown down under the influence of the tannic acid — the same exception applies equally to fermented liquids; and muscular efforts which induce convulsive action, in persons poisoned with strychnia, should likewise be carefully avoided.—*L'Union Médicale.*

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Statistics of Craniotomy.—The operation of craniotomy is said to be performed in Germany once in every 1944 labours; in Paris once in every 1628; in France at large once in every 1200; in Vienna once in every 688; in England once in every 340; in Ireland once in every 106 labours. —*British Med. Journ.*, March 30, 1861.

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Birth of Triplets.—Dr. Charles Armstrong, of Cork, relates the following curious case: "Margaret Riardon, aged 30, was walking smartly, when she was suddenly seized with 'slight stitches,' and in a few minutes, without lying down, gave birth to a fœtus, on the footpath, which she wrapped in her apron and repaired to an adjoining house, where, within an hour, she was delivered of two more, shortly after which she was driven home in a jolting car, a distance of two miles, along a hilly road, she all the while being in the upright position. Two of the children lived for nearly an hour, the third for twenty-one hours, they being at the seventh month of utero-gestation. The mother is a poor woman, who, twice a day, in all weathers, walks into Cork, carrying a heavy 'can' on her head, and distributing milk at a number of houses. She was paying her second daily visit when this unusual encroachment took place, since which she has been going on without a bad symptom. Truly did Sterne write, that 'God tempers the wind to the shorn lamb.'"—*Ibid.*

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Jacksonion Prize.—At a meeting of the Council of the Royal College of Surgeons of England, on the 9th instant, the Jacksonian Prize was awarded to Mr. Henry Thompson, of Wimpole Street, Cavendish square, a Fellow of the College, and one of the surgeons of the University College Hospital, for his essay on "The Healthy and Morbid Anatomy of the Prostate Gland." This is the second occasion on which Mr. Thompson has carried off the Jacksonian Prize.—*British Med. Journ.*, April 13, 1861.

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Curious Malformation—M. Geoffroy Saint-Hilaire has presented to the Academy a photograph of a youth, 14 years of age, who has a peculiar malformation, which has been called "*péadelphe.*" His right leg is divided into two limbs, both terminated by feet, which, however, point in opposite directions.—*British Med. Journ.*, April 6, 1861.

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Venesection.—"The practical position of an author often decides the turn which he takes in forming a system. Pinel, the timid innovator of his day, was the physician of the *old* at the Salpêtrière, and he there established the rule of never resorting to blood-letting. Broussais, the bold innovator of our age, was the medical attendant of the *young* and vigorous soldier at Val-de-Grâce; and there he established his rule of always bleeding in disease." (*Flourens.*)

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Convalescent Hospital.—A Convalescent Institution in connection with the Ste. Eugénie Children's Hospital has recently been built, under the immediate patronage of the Empress, at Fublaine, in the department of Seine et Marne, about twenty miles from Paris. 250 little girls are already established within the walls of the "Asile," as it is termed. This is the third institution of the kind in the neighbourhood of the capital; of the other two, one (that for men) being at Vincennes, and the other (for females) at Vésinet, a village in the plain immediately below St. Germain en Laye.

Abortion occasioned by Lead Poisoning. Dr. Constantine Paul, in a work which appeared last year, drew attention to the frequent occurrence of abortion in females suffering from lead poisoning. M. Paul Dubois, in the enumeration of the ordinary causes of abortion, one day last week at the Clinique, included the influence of saturnine intoxication amongst the circumstances likely to provoke the premature expulsion of the ovum. The following figures have been published by Dr. Paul in a statistical investigation of the subject. Out of 141 pregnancies in females under the influence of lead, 82 abortions took place; in 4, premature confinements occurred; in 5, the children were stillborn; in 20, the children died in the course of the first year; in 8, during the second year; and in 7, in the third, &c. An array of figures not to be lightly passed over.

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Decrease in the Number of Medical Practitioners in France.—M. Roubaud, editor of the *France Médicale*, states that the population of his country is found, at each quinquennial census, to be increasing; whilst the number of medical men, from 1853 to 1861, has ever been on the decrease. This diminution does not, however, bear equally on the two classes of practitioners. —the doctors of medicine and the *officiers de santé;* the latter of whom hold an inferior position. In 1857, the number of medical men practising in France was 18,023; of whom 11,258 were doctors of medicine, and 6765 non-doctors. In 1861, the grand total is 17,520; amongst whom are 11,242 doctors, and 6278 non doctors. Thus there are, in 1861, 503 practitioners less than in 1857; the doctors having decreased by only 16, the others by 487. This latter result is, by M. Roubaud, attributed to the necessity for *officiers de santé* to repair now for examination either to the seat of a faculty or to a preparatory school, instead of presenting themselves to medical boards appointed by the minister, who were in the habit of making annual circuits.—*Lancet*, March 30, 1861.

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Illumination by Electricity.—A perfectly successful attempt has been made to illuminate the Courts of the Tuileries and the Place du Carrousel by the electric light. The generating apparatus is placed in a cellar, under Marshal Vaillant's apartments in the Tuileries, and the illuminating power is so great that the ordinary gas-jets seem absolutely lightless. The appearance of these localities every evening is that of an animated fair. The cost of the electric light is stated to be considerably less than that of gas.—*Ibid.*

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Weather and Public Health in Scotland, in 1860.—The Registrar-General for Scotland says: "The year 1860, was one remarkable for its meteorlogical phenomena, and just as remarkable for the deadly influence which these exerted on the inhabitants of the eight principal towns of Scotland. The general characteristics of the weather during the year were, low mean temperature, excessive humidity of the atmosphere, a quite unusual prevalence of easterly winds, and a consequent scantiness of westerly breezes, and, towards the close of the year, an intensity of cold greater than has been experienced in this country during the present century. These adverse agencies reacted on the public health in a most prejudicial manner, and were the main agencies which caused the deaths during the year so far to exceed those of former years. This is rendered very apparent by the fact, that the proportion of deaths from the whole class of epidemic and contagious diseases was considerably under that of previous years, while the mortality from inflammatory affections of the respiratory organs — diseases which are universally acknowledged to be mainly dependent on the weather—were very much above those of previous years. In Scotland, the observations of a few years have shown that weather, as exhibited more especially in the mean monthly temperature, has much more to do with the number of deaths than diseases of any class whatever. It is quite true that every individual must die of some disease, but the kind of disease, and its proportional fatality seems to be almost completely under the influence of the weather, or atmospheric agencies, of which mean temperature is the most important. This, as in former years, was clearly manifested during 1860. Thus, December, 1859, with its mean temperature of 34.9, killed 76 persons daily. But the effect of cold seems to go on rather increasing for a short time, for though the mean temperature of January, 1860, was one degree higher, or 35.9, it was not sufficient to arrest the effects of the low temperature, so that during that month the daily deaths amounted to 82. February, however, proved as cold as December; its mean temperature was 34.9, and from acting on those already weakened by the previous cold, the daily deaths rose to 96. This was the greatest number of deaths which occurred during any month of the year; and from this month the daily number of deaths slowly decreased to 53 in September. One marked exception to this steady decrease was remarked, and it is worthy of notice, as it shows in a striking light the noxious influence which easterly winds exert. Thus, during March, when there were only three days on which winds blew having a more or less easterly point, the deaths numbered 83 daily. During April, however, though the mean temperature was three degrees warmer, such was the potency for evil of the easterly, which were the prevailing winds during the month, that instead of the number of daily deaths being below those of March, they were above it, for 84 persons died daily during April. This baneful influence of the easterly winds was strikingly exhibited in a few diseases and classes of disease. Thus, in hooping-cough, while only 82 deaths occurred in the eight towns during March, they rose to 104 during April. Diseases of the respiratory organs, which cut off 576 persons during March, proved fatal to 508 in April, though the month is a day shorter. 89 deaths from diseases of the heart, etc., occurred in March, but 115 in April. 206 deaths from diseases of the brain occurred in March, but 216 in April; and the deaths from old age, which numbered 132 in March, increased to 149 in April. These facts, then, clearly prove the superadded noxious and fatal effects of easterly winds, and it need scarcely be added that their fatal effects are increased in the exact ratio of the lowness of mean temperature which attends them; so that in a year or month when the mean temperature is lower than usual, their action is more deadly. The inflammatory affections of the respiratory organs, however, are the diseases which more strikingly evidence the influence of temperature on the mortality. Thus, during the coldest month, February, the deaths from these diseases amounted to 813, while in the temperate month of September they only proved fatal to 135 persons. The past season affords another proof of the statement made in last year's report, that in this country the mortality of the epidemic diseases (with the exception of the bowel complaints and measles) follows the same rule as that of all other causes, viz., increases with the cold and diminishes with the return to mild temperature. Thus, take the whole class of the zymotic diseases, their least mortality was in May, June, July, August, our warmest months, the daily deaths from these causes varying from 13 to 15 only. As the temperature fell, however, the deaths from the zymotic diseases increased, so that during September 16 2 deaths occurred daily. These increased to 20 3 in October, to 20.6 in November, to 20.7 in December, and to 21 in January. These facts, therefore, seem to justify and support the conclusion drawn in last year's report, that 'however fruitful emanations from decaying animal or vegetable matters, or from undrained or marshy districts and localities, may be in exciting bowel complaints, they do not directly give rise to the ordinary epidemics which prevail among us. These emanations seem rather to act by lowering the general tone of the system, and rendering it more liable to the attacks of whatever epidemics may be at the moment prevailing.' "

Stereochromic Paint for Hospital Wards.—Mr. C. Bellmann, of Prague, gives the following paint for the walls of sick-wards, which is preferable on account of its being easily cleaned with wet cloth, and at the same time excluding dampness from without.

The rough plaster, instead of the fine finish of plaster of Paris, is covered over with a mixture of two parts of finely sifted sand and one of air-slacked lime, made into a stiff paste with a solution of the double silicate of soda and potassa, of 10° Beaumé. Instead of the latter two ingredients a hydraulic cement may be used in the proportion of one part of the cement to two of sand. When this is dry, the walls are white-washed and after an interval each of 24 hours twice wetted with a solution of the double silicate of 15° Beaumé. Marble dust, if to be had cheap, may be used in place of half of the lime. Certain pigments may be added to the water-glass coating, poisonous colours, however, being excluded. —*American Druggists' Circular*, May, 1861.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Reflected Pain in the Knee-Joint from Disease of the Hip-Joint.—Mr. Le Gros Clark has, at present, under his care, in St. Thomas's Hospital, a boy, aged 9, whose case illustrates, in a marked degree, the well-known fact that often in cases of disease of the hip-joint the pain is referred solely to the knee. In this case the whole of the pain is in the knee, and this is the more remarkable, as it is now nearly eighteen months since the disease commenced. The knee might be bent or examined in any way, and yet no pain was complained of, but the least motion of the hip-joint produced severe pain in the knee. Pressure over the hip, except deep pressure over the femoral vessels, and this Mr. Clark believed was from movement of the joint, produced no pain. In fact, at no time had the child suffered pain in the hip. There was no sinus, and no swelling. The distance between the trochanter and the spinous process was not so marked. This, Mr. Clark believed to be due to shortening of the neck of the femur. Of course no surgeon would be deceived by the boy's constant iteration that the pain was "all in his knee," but being a marked instance of reflected pain, it is worthy of record. The generally received explanation of its being due to pain reflected along the course of the obturator nerve, by means of the twig this nerve gives to the joint, is equally well known. It is produced probably just in the same way as the circumorbital pain in iritis or neuralgia of branches of the fifth, other than the dental, from a decayed tooth, there being in the case of the iritis often no pain in the eye, and in the neuralgia no pain in the tooth except on pressure.—*Med. Times and Gaz.*, May 18, 1861.

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Cases of Diseased Joints.—Mr. Le Gros Clark drew the attention of the students at St. Thomas's Hospital to several cases of diseased joints, with reference to the mode of attack. He had found that the patient

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would date the origin of the disease to a distinct attack of "rheumatism," in which nearly all the joints were affected. Then the attack would pass off, leaving, however, one joint still diseased, and that this would grow steadily worse until it became *par excellence* a diseased joint. One of the cases seen was a woman, aged 30, who was admitted for synovitis affecting the right knee. She said that, three or four months ago, on a Friday, she was suddenly attacked by very severe pain in both knees, so that she could not walk, and was quite laid up. The joints were swollen. On Sunday the right arm was swollen and painful up to the elbow. In a few days all the joints were well, except the left knee. This continued to get worse. When admitted, she had the usual symptoms of synovitis; and recently, the swelling having greatly subsided, she has had fixed pain over the posterior of the inner condyle, leading Mr. Clark to fear some local and more serious disease. Before the first attack alluded to, her health had been good, and she had not been exposed to cold. Another case, also a woman, aged 24, had a history nearly the same. She had been sleeping in a damp room, and then had what she calls "rheumatism," nearly all the joints of her body, fingers included, being swollen and painful. All the joints, with the exception of the right knee, soon got well, but this grew worse. She suffered much pain in it, and was much reduced in health. When admitted, it was clear that the disease had gone on to disorganization. Mr. Le Gros Clark therefore excised the joint. It is now eight weeks since the operation. She has done remarkably well, and has improved very much in general health. The wound is now quite healed. The *ci-devant* joint is sound, firm, and painless. It is encased in gutta-percha as security against accident. She walks up and down the ward with assistance.—*Med. Times and Gaz.*, May 18, 1861.

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Fistulous Opening in the Neck communicating with the Pharynx.—A woman, aged 30, was admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, January 8. Three months ago a very painful swelling appeared on the right side of the neck, which appears to have been diffused over the greater part of that side of the neck. About a week after admission there was fluctuation, and the swelling was opened. Another opening, about two inches above the clavicle (its outer third), was made on February 7, and matter evacuated. About a fortnight later she "began to vomit matter," and shortly after fluids passed through the wound when she drank. From April 30 very little if any passed, and she is fast improving in general health. The external opening is very small.—*Med. Times and Gaz.*, May 18, 1861.

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Excision of the Elbow-Joint — Clinical Remarks.—The patient, a woman, aged 25, had been under Mr. Fergusson's observation for eight years. As for some time the disease seemed of a character likely to get well, no operation was done. During the last winter she began to suffer so much from it that she was admitted into the hospital. The pain, however, in spite of the rest and good food in the hospital, increased; her health suffered; the elbow was much swollen; and it was evident that the joint was hopelessly disorganized.

As the patient had waited eight years, and as she would probably—if cure without operation was contemplated—have to wait many more, Mr. Fergusson determined to excise the joint. Another danger, he said, to which she would be exposed if left with the diseased joint, was that some surgeon might amputate the limb.

On Saturday, April 29, Mr. Fergusson excised the joint. He made the H incision. He cut off the olecranon and then removed the ends of the bones entering into the formation of the joint. The lower end of the humerus and the ulna he removed by the saw; the head of the radius by the bone-nippers.

On removal and examination of the parts it was clear, Mr. Fergusson said, that nothing but resection could have been of any use. The cartilages of the joint were extensively destroyed, and the lower end of the humerus was much diseased. For any one to talk of restoring a joint in which the disease had progressed so far, betokened, in his opinion, more of the promises of a charlatan than of the confidence of a surgeon. The promise of the charlatan, as, for instance, in curing extensive cancer of the breast, might result in something like the semblance of truth; as the mass might slough off. Again, if it were possible that the diseased joint should ever get well, it would be after a great lapse of time, and would probably result in a very awkward limb.—*Med. Times and Gaz.*, May 18, 1861.

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Lithotomy in Children—Clinical Remarks. By Mr. FERGUSSON.—On May 4th, Mr. F. performed, at King's College Hospital, the lateral operation of lithotomy on a child three years of age. The child had had symptoms of stone for eighteen months. Mr. Fergusson stated that he had not succeeded in introducing a staff as large as would usually pass readily in children at that age. He said that he preferred to introduce as large a staff as possible, as it did not matter about its being readily movable, as in the case of the sound. The introduction of a small staff required more care and skill, in order to know where the point of the instrument passed. The point of a small staff might pass out of the urethra, and this, too, although its general direction appeared to be correct. This, he said, was not a mere theoretical objection, as he had known such an accident to happen in the hands of a very distinguished operator. Mr. Fergusson added, that if in the case in which he had just operated, he had not touched the stone by the staff, he would not have proceeded. In reference to lithotomy in children, he said, that it was a rule with him to take more time and care than with adults, as he felt certain that there was much more risk of getting wrong with lithotomy in children than in adults. In children the tissues were less firm and the resistance consequently not so great. The incision also was required to be on a smaller scale. He always endeavoured to make as small an opening into the membranous portion of the urethra as possible, and only just notch the prostate or even leave it altogether untouched. The next step, the introduction of the finger into the urethra was, however, the one in which the greatest mischief might be produced by want of care—mischief often irreparable. The membranous portion of the urethra and the neighbouring tissues were, in children, soft and easily torn, and the urethra might give way above as well as below the staff, and thus (separated all round) be pushed before the finger towards the bladder. The finger would then move about in a pouch thus formed, and the completion of the operation would be almost impossible. He had known, however, a surgeon retrieve himself after this error. On one occasion, in cutting a child for stone, he felt convinced that this accident had occurred. He at length succeeded, but after a long time, in getting his finger into the urethra. He then speedily extracted the stone. It was in this case that he first became aware of the danger to which he referred. He had not previously heard of it, and, as far as he knew, it was not mentioned in books. Mr. Fergusson then alluded to the other methods of performing lithotomy. He had cut forty children for stone by the lateral operation, and had lost only one. He felt convinced of the superiority of this operation.—*Med. Times and Gaz.*, May 18, 1861.

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Ligature of the Internal Iliac Artery.—The operation of ligature of the internal iliac artery was performed last week, at the Edinburgh Royal Infirmary, by Mr. Syme, in a case of aneurism of the gluteal artery. The patient is a young man, otherwise healthy. The aneurism had arisen spontaneously, was of at least some months' standing, was of moderate size, pulsated freely, and appeared to spring from the gluteal artery at its escape from the pelvis.

Mr. Syme performed the operation on the 29th ult., the large theatre of the hospital being crowded with students and practitioners attracted by the rarity of the operation. It was performed by the ordinary incisions, and successfully accomplished with the operator's usual dexterity and caution. Mr. Syme stated that the operation was attended with considerable difficulty, owing to the depth of the artery in the wound rendering it impossible to bring the vessel fairly into view, and that it would have been scarcely possible to expose the artery had it lain within a dense sheath; but that it and its neighbours could be readily felt with the finger, and the looseness of the sheath offered no obstruction to the passage of the needle. The pulsation in the aneurism was immediately arrested, and the tumour reduced to a third of its former size. The case has since gone on remarkably well.—*Lancet*, June 8, 1861.

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Acute Glaucoma of both Eyes successfully treated by Iridectomy.—Mrs. P., aged 46, was admitted into the Royal London Ophthalmic Hospital, under the care of Mr. DIXON, Dec. 27th, 1860. She was a thin, moderately florid woman, not subject to gout or rheumatism. Twelve days before admission, she had severe pain in the right eye, which came on suddenly at night. Next morning, she found that she could scarcely see with it; and the pain, still severe, had continued up to the time when Mr. Dixon saw her. Blisters and various applications had been used, but without any benefit. When admitted, she could, with the affected eye, only just distinguish light from darkness, and could not count fingers held up between the eye and the light. The sclerotic was dusky, leaden-coloured, and crossed by enlarged veins. The pupil was dilated moderately, and fixed. The fundus, as seen through the pupil, looked dull and yellow. The cornea had lost its brilliancy. Atropine did not produce any effect on the size of the pupil; whilst in the other eye the pupil readily dilated under its use. The ophthalmoscope was used; but a mere red reflex from the fundus was seen. The woman would not submit to the operation of iridectomy, which was at once proposed, until the 31st, the fourteenth day from the attack, when iridectomy was performed. The piece of iris removed was from the upper part. No chloroform was given. The pain was at once relieved.

Four days after the operation, she had had no return of pain, and could read No. 10 of Jäger test-types. There was a minute fistula in the cornea, to which Mr. Dixon applied nitrate of silver. She gradually improved, and was soon able to read small type.

On January 25th, the left eye became suddenly very painful. The pain was in the globe; it was very intense, and was accompanied by vomiting. She was not seen by Mr. Dixon until the 28th. He then found that the eye was in exactly the same state as the right had been. She could only just count fingers. The pupil was dilated and fixed; and the fundus could not be illuminated by the ophthalmoscope. Iridectomy was at once performed, and with the same amount of success as attended the operation on the other eye. She can now see well with both eyes, and can read pearl type without the aid of glasses.

Mr. Dixon remarked that, in this case, the disease had been of the exact form to the relief of which iridectomy is best suited; viz., *acute* glaucoma. In the chronic cases, as far as he had seen, little or no benefit followed the operation, but rather an increase of the irritation. It is interesting to note that the attack in the left eye occurred whilst the right was going on satisfactorily. The ophthalmoscope had not been used to examine the sound eye, and therefore no blame was traceable to it, as having re-excited the disease in it. The occurrence of glaucoma in the second eye a few weeks after it has attacked the first is quite in accordance with what is frequently observed; and hence, as both eyes generally suffer, the value of iridectomy is much increased. —*British Med. Journ.*, March 16, 1861.

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Cystic Tumours of the Breast.—The frequent recurrence of these tumours, after ablation, is a fact well known in surgery. As a fresh example, we may note a case lately mentioned at the Surgical Society of Paris, by M. Richard. The patient is seventy-seven years old, and was operated on ten years ago, by M. Velpeau, for a cystic tumour of the breast. Since that period, M. Richard has performed the same operation upon her eleven times, removing three, four, and even ten tumours at one sitting. The recurrences being, however, so regular, he has given up interfering.—*Lancet*, June 8.

CLINICAL LECTURES.

Clinical Lecture on Diseases of the Joints. Delivered at St. Thomas's Hospital. By Samuel Solly, Esq., Surgeon to the Hospital.

Gentlemen: In my last clinical lecture I detailed to you a case of acute disease of the knee-joint, in which I was obliged to mutilate the man to save his life.

Such cases used to be more common than they are at present. The advance of surgical science has nipped them in the bud, and we usually now receive them into our hospitals in a more chronic form. I should, perhaps, have hardly thought the case worthy of clinical remark had I not heard that a provincial celebrity had positively denied the necessity for any operative interference. I thought, then, that if a man of practical experience forbids the operation, it must be just such an illustrative case as would be of use to you. Let me, then, remind you, that it was the severity of the constitutional irritation, and the agony the patient suffered from the slightest motion of the joint, which in me decided the momentous question of amputation or no amputation.

To-day I shall speak of nine cases of diseased knee-joint in which I believe I have succeeded in saving both limb and life without any operation, and one case where the same ultimate result has been obtained by the excision of the joint.

Some of these cases were sent to me from the country as good cases for incision, which of course implies, or ought to imply, that there was no prospect of curing them without an operation; one came from a metropolitan dispensary, as a forlorn hope. The poor boy was almost *in extremis.*

There is one point which must, of course, strike you in listening to these details—viz., the length of time that some of them have been in the hospital. The power of retaining our patients in the hospital until a cure is effected is a privilege which can only be enjoyed in the old, well-endowed hospitals. And, for the sake of humanity, what a blessed privilege it is!

It is true that chloroform has robbed operations of all their pain during the performance, but it cannot remove the after pain, and it cannot remove the danger which is and must be attached to them, even when the most skilful hands manipulate.

I cannot deny that the length of time which is required to accomplish a perfect, usable anchylosis of the knee-joint in the adult (from one to two years) is an objection to the plan which I am now advocating. It is true that in a favourable case for excision the cure is frequently complete in one-third of that time. It is also true that the cases which do best, and get well most rapidly, are those where there is very little disease, and where the operation ought never to have been performed. When I speak of from one to two years being required to perfect an anchylosis, I refer to patients above the age of eighteen or twenty.

In different forms of disease there is also a great difference in the length of time. In scrofulous caries of bones entering into the composition of a joint, the cure is always very slow and very difficult. This observation applies almost equally to cases of excision. There is another point in favour of excision. If the operation succeeds—that is, if your patient neither dies from the effect of the operation, which I must allow is very rarely the case, or the limb is not obliged to be removed ultimately, an event not so uncommon as we could wish, then the anchylosis is more certain than that which is obtained by medical as distinguished from operative surgery. I must confess that I have been disappointed in some of my cases of natural as distinguished from artificial anchylosis, by their return to the hospital after I had hoped a complete cure had been effected. This observation applies to the boy whose joint I ultimately excised, and also to Oliver R———. In the latter instance about a month's rest and a little counter-irritation have apparently completed our triumph over the disease.

I wish to put the subject fairly before you, and not to make you attach too much value to the medico-surgical treatment as opposed to the operative; nor must I forget that the longer we practise our profession the less we are inclined to operate, unless the indications for the necessity are very apparent, till at last there is too much disposition to avoid all operations. Though I know that I have not arrived at that stage of my surgical existence, still I must take care the tendency does not tincture my instructions.

I must not detain you any longer from the consideration of the cases, the notes of which I will, however, curtail as much as possible.

Case 1. John D———, aged twenty-four, labourer, was admitted into Abraham's ward June 11th, 1860, with disease of the right knee. He states that this knee has always been larger than the left, and when about twelve years old he injured it by a fall; but it got quite well in a few days. He attributes the origin of the present disease to a cart-wheel running over his knee seven years ago, since which it has never been well, though he has been able to walk at intervals. He has now been laid up for more than five months, and has been under the care of an old dresser of mine at the Stamford Infirmary, who had applied blisters and issues; but as it did not appear to get much better, he sent the man up to St. Thomas's as a fit case for excision.

The joint was considerably enlarged, with some tenderness on pressure on the surface, and great pain when it was moved, or when the articular surfaces were pressed together. The pain at night was so great as to prevent him from sleeping. He was rather pale and weakly-looking, but had little febrile disturbance, and his appetite was good.

This was certainly a very favourable case for excision; for although the joint was completely disorganized, the disease was not scrofulous. And these are the cases which usually progress so favourably after an operation; but you have heard my reasons for avoiding an operation unless necessary to save life.

On admission, the limb was placed on a Liston splint, and a poultice applied to the knee.

June 13. Moxa to the inner side of the joint, that being the most painful part. Iodine mixture twice a day.

16*th.* Ordered cod-liver oil, one drachm; tincture of sesquichloride of iron, twenty minims: three times a day. Twenty-five minims of tincture of opium every night. Moxa to the outer side of the joint.

22*d.* Much less pain in the joint, and he sleeps much better. The knee appears to be slightly diminished in size.

30*th.* The joint appears to be rather more swollen, but he does not complain of increased pain.

July 5. No alteration in the size of the knee, but rather less pain. Moxa applied just below the patella.

12*th.* The joint is rather smaller and more of its natural shape. There is now very little pain, but still some tenderness on pressure on the inner side. To leave off the opium, as he now sleeps well at night.

Aug. 2. The joint is assuming a more natural shape, and there is no pain except on pressure. He sleeps well without opium, and his general health and appearance have much improved. Moxa ordered on the inner side.

29*th.* Still some tenderness on the inner and lower part of the knee; otherwise much better. He sleeps well, and his appetite is good.

Sept. 3. Moxa ordered.

December. Since the last notes, his general health has been very good; the joint is free from pain, and has gradually been returning towards a normal shape, and anchylosis is slowly proceeding. The limb has been kept in a state of perfect rest throughout.

Anchylosis seems to be almost, if not quite, perfect; but great care will be necessary for some time. In a few days I shall remove the splints, and allow him to move the limb a little in bed. If this amount of exercise do not induce any pain or fresh inflammation in the joint, I shall next apply a gutta-percha splint, and allow him to get up and walk a little with crutches; but I do not expect that he will be able to leave the hospital with safety for the next six weeks.

Case 2. Henry H———, aged eleven years, was admitted on the 29th of June, 1860. He has been ill ten weeks with swelling and severe pain of the left knee, which came on after kneeling on the damp ground, bird-catching with his father. He was quite well previously. He is now in a state of complete exhaustion, with an emaciated countenance, expressive of great suffering, and cannot bear the slightest movement of the leg without screaming from pain. An abscess has been opened in the neighbourhood of the knee-joint, and is discharging pus freely, and there is a large slough over the sacrum. Ordered, cod-liver oil, one drachm; tincture of sesquichloride of iron, ten minims; to be taken twice a day.

When I first saw this poor boy, I believed that immediate amputation would produce a fatal result. I had, therefore, but one course to pursue—namely, to strengthen his vital powers, either to enable him to bear the operation if I could not improve the condition of the joint, or, what I hardly dared hope for, to do without the knife altogether.

The leg was placed on a Liston splint, and a linseed-meal poultice applied. A water-cushion was ordered for the back. To have a mixed diet; wine, four ounces; porter, one pint.

July 4 (five days after admission). Appetite and general health greatly improved; less pain in the knee.

11*th.* The knee is better, but an abscess of considerable size has formed on the outside of the thigh. This was opened a little below the trochanter major. A splint, with a spinal support, was ordered.

21*st.* Health has greatly improved, and his appearance is much altered for the better since admission. The slough on the sacrum has nearly healed; also the abscess on the hip, and the knee is less swollen, and much less painful.

August. He can lift the leg from the splint without pain, and firm anchylosis is taking place; his health is comparatively good.

September. The knee appears quite solid. No fresh symptoms.

October. The splint was left off.

November. The knee remaining free from pain, he was allowed to get up a little; but in a few days it became swollen just below the patella, unaccompanied by pain. He was ordered to keep his bed. The potassa fusa was applied over the inflamed part, and the limb replaced on a Liston splint.

December 31. Under the above treatment the swelling has subsided. The leg is still kept on the splint. The boy's health is good.

Now, as regards the cause and progress of this disease, you must have been struck with its great similarity to that of the poor fellow whose leg I was obliged to amputate. Why the difference in the results? The different ages of the two patients is quite sufficient answer without any reference to the treatment.

The next case is a very simple one, but is likewise instructive:—

Case 3. Henry N———, aged eight years, was admitted Feb. 14th, 1860, with disorganization of the knee-joint, the disease having existed a year and a half. There was not only a painful and swollen condition of the joint, but considerable contraction. The active disease was gradually subdued by rest, with moxas and appropriate tonics, including cod-liver oil. The limb was then gradually straightened by means of a Liston splint, with an Archimedean screw at the knee, and a leather pad over the joint, with straps above and below. The limb is now quite straight, and anchylosis is going on favourably; but there is still slight tenderness on the outer side of the patella, which it is expected will soon be removed, when he will be able to leave off the splint.

This case is deficient in previous history; but the appearance of the joint told its own tale. There had been active disease at work; but the conservative action of nature was prevailing. Anchylosis was nearly complete; but the anchylosis had not been properly directed by the science of surgery. Instead of the limb being nearly straight, it was bent at such an angle as to be useless as an organ of support and progression. In such cases I always endeavour to get a straight limb by gradual extension, in preference to forcible extension under the influence of chloroform; and, in this instance, I have succeeded.

Case 4. Ellen B———, a strumous, delicate child, six years of age, was admitted into St. Thomas's Hospital, July 10th, 1860, with old-standing disease of the knee-joint. Her right leg was flexed at an acute angle, the foot being turned outwards, and the joint was marked with scars of old abscesses. Cod-liver oil was given twice a day, with full diet, and the limb was put upon a Liston splint. The splint was continued till the 2d instant, when irons and straps were substituted. During the time she has been in the hospital, one or two abscesses have appeared in the joint, but have healed again. The limb is now quite straight, and though the joint is enlarged, there is no sign of the presence of disease in it. She is able to walk about the ward.

In this case the disease had completely subsided, which was not the case in the last; but the deformity was so great that I determined to extend it forcibly.

Case 5. Ann P———, aged six years, was admitted May 14th, 1860, after two years previous disease of the knee-joint. She was sent to me by an old dresser as a fit case for excision of the joint. The patient was a strumous child, but now in good health. There was much swelling and pain in the joint, and the leg was flexed at an acute angle. There was no opening into the joint.

May 16. Ordered, cod-liver oil, one drachm; tincture of muriate of iron, ten minims: twice a day.

On *May* 24, I made forcible extension under chloroform. After the operation there was much increase of the pain, and the child suffered from feverish symptoms. Opium with liquor of acetate of ammonia was given for a day or two after the operation.

31*st.* The swelling of the joint has much subsided, and the feverish symptoms have nearly disappeared. The splint was continued till the end of November, when anchylosis was nearly complete.

Case 6. Caroline W———, a strumous girl, aged seventeen, was admitted into the hospital March 20th, 1860. At the early part of the year she had been attacked with synovitis and ulceration of the cartilages of the left knee-joint. Some time before, she had been in the hospital, suffering from disease of the same joint. The right limb is shortened and contracted, and has been diseased for fourteen years. Cod-liver oil and tincture of muriate of iron were ordered, and the limb placed upon a Liston splint. As there were considerable swelling and tenderness in the joint, six leeches were applied, and a linseed-meal poultice. Gradual improvement took place. During the spring and summer, potassa fusa was occasionally applied, and the poultice continued. In the autumn, irons and a boot were used, and the limb was kept extended, and by October anchylosis was tolerably complete.

Dec. 13. She was discharged from the hospital, able to walk about the ward, the joint being perfectly stiff and devoid of pain.

CASE 7. James W———, labourer, aged thirty-five, admitted Aug. 23d, 1859. Whilst at work about four months ago, loading a cart with thorn bushes, he was struck on the knee by a bough, a thorn upon which penetrated the joint immediately above the patella. The thorn was extracted, and considerable inflammation followed; this ran on to suppuration, and two incisions were made to let out the pus, but whether the pus lay internal or external to the joint cannot be clearly ascertained. When admitted, the joint was red and hot; the cellular tissue covering it was very hard and brawny, and swollen to such an extent as to obliterate all the depressions and protuberances, and give it somewhat of an oval shape. There was a continual, acute, gnawing pain, very much increased by motion. The extent of this latter is very limited. There is frequently convulsive starting of the joint at night. It was put on a Liston splint, slightly bent, and a poultice applied. Iodine mixture, twice a day, was given.

Sept. 29. A small piece of dead bone was extracted to-day. The pain is not so severe, and only occurs at intervals; there is also a greater extent of motion. I ordered a moxa to be applied.

Nov. 15. Good deal of induration about the joint; not so much pain; health very good.

16*th.* Opening over joint discharging still; joint rather painful.

May 21. Original wound still discharging. A little anchylosis has taken place; joint hard all round, and not painful unless moved.

August. Wound healed; going on well. Moxas occasionally used. He is the very picture of health.

November. Some small amount of inflammation still remains; anchylosis nearly complete.

December. Liston splint removed, and gutta percha substituted. The man attempted to get up, but found that his leg was made worse by being out of bed, and therefore he has remained there since. The inflammation has not yet entirely gone. General health continues perfectly good.

I have little doubt that another month's rest will complete the cure, and that in about six weeks' time he will be able to return into the country.

CASE 8. Oliver R———, aged twenty-six, was admitted Sept. 28th, 1860. He has had disease of the knee-joint for fifteen months, and has previously been in the hospital under my care. He left with the joint anchylosed; but, on moving the limb, slight pain and tenderness about the joint returned, for which he was readmitted on the above date. A Liston splint was applied, with poultice and moxas, and in about a month the symptoms had entirely subsided. Early in December a gutta-percha splint was moulded to the back of the joint, and he was allowed to walk about with this support, which he was able to do without any pain or inconvenience; and before Christmas he was discharged with a firmly anchylosed and very useful limb.

I will conclude this lecture with some brief notes of a case of excision of the knee-joint, which has been slowly advancing to a perfect cure.

CASE 9. John C——— was admitted into the hospital on the 5th of May, 1860. During the previous winter he had been in the hospital with great tenderness, pain, and swelling in the knee-joint, which gradually subsided under the application of moxas, conjoined with perfect rest, nourishing diet, and cod-liver oil. On his admission it was found that the disease had returned in an increased degree, with loss of appetite, cough, pain in the chest, emaciation, and night-sweats. With nourishing diet and tonics his general health improved, and the joint was excised on the 19th of May. The cartilages were found extensively diseased, with slight secondary disease of the bone. The extremities of the condyles of the femur, and the head of the tibia were removed, but not the patella. The limb was straightened on a splint, and sutures applied.

It was delightful to see this poor boy's countenance on the morning after the operation. He said he was quite free from pain, which the poor child had not been for months. Since this the boy's general health has gradually and steadily improved, but the anchylosis has been very slow; now, however, it is firm, and the wound nearly healed.

In my next clinical lecture I shall have some interesting cases of disease of the ankle and foot to talk about.—*Lancet*, Jan. 19, 1861.

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Lecture on Sympathetic Inflammation of the Eyeball and its Treatment by Operation. —By HAYNES WALTON, Esq., Surgeon to the Central London Ophthalmic Hospital, &c.

Gentlemen: A very grave result of wounds and injuries to the eye, is sympathetic implication, which has of late received much attention.

The subject was first practically recognized by Mr. Barton of Manchester, whose practice was brought before the profession by Mr. Crompton, in the *London Medical Gazette*, vol. xxi. p. 175. The sympathy must be produced by injury from extraneous bodies in the eye. In seven cases, a portion of copper had settled in the anterior chamber. Inflammation and disorganization of the eyeballs were soon followed by failure of the functions of the other eyes, together with structural changes. Mr. Barton excised the cornea, and applied a poultice, in the hope that the copper cap would escape; this did happen, and besides produced great relief; but it had a greater and more valuable effect, it saved the destruction of the other eyes, although some of them seemed past all hope.

The evidence of this sympathetic action should be well understood, or disease may be attributed to sympathy, which is nothing but the same local manifestation of constitutional taint, that appeared in the other eye, and secondary only in order of time. I have known many mistakes to be made in this way to the great disadvantage of the patients. In traumatic cases the diagnosis is mostly simple. The injured eye manifests symptoms of irritation or disturbance, and there is the sign of acute or of chronic inflammation. This development of morbid action may be slight or very apparent, but is always to be discovered; and pain or soreness under touch is always present.

The sympathetic attack usually shows itself early, within a few weeks; but it may appear at any time, so long as the irritation produced by traumatic disease lingers. Mr. Wall of Paddington called me to a patient whose eye was fast failing, without any very apparent cause, the symptoms being impaired vision and spectra. The other eye had been wounded two years previously with a packing needle, the cornea torn across, and sight destroyed. Paroxysms of pain and tenderness in it under touch convinced me that it was producing sympathetic disease. I was correct, and my treatment saved its fellow; it completely restored its functions.

There may be variation in the subjective and objective symptoms of the sympathetic attack. Then there may be no pain, or it may exist with great severity. Intolerance to light is the first common result. Some form or other of impaired sight is the worst bad omen. Loss of local adjustment, incapability of sustaining vision on minute objects, loss of definitions generally called feeble sight, abundance of muscæ, spectra, flashes, stars, coruscations, inflammatory action, loss of pupillary movements, change of iris-colour, softening of the eyeball, and shrinking, are the later manifestations. It would seem, then, that the morbid action travels from the retina forwards; and ultimately the whole of the ocular tissues become involved, atrophy being the termination.

A small lacerated wound of the eye, especially of the anterior part, and which, to all appearance, has involved only the cornea, the iris, and the crystalline lens, may, equally with very great lesion, induce sympathetic disturbance. It is difficult to understand how the smallest quantity of pus, a drop or two just behind the cornea, or a slight change of texture of some of the tissues of the eye, can exert so baneful an effect.

Blows without wounds or breach of surface, burns, and chemical injuries, are capable of producing that kind of action that may excite sympathetic ophthalmitis; and this shows that no importance is to be attributed either to the peculiarity of any kind of wound, or to the tissue which is implicated; and all we can say is, that a variety of existing causes produce morbid changes to which the sympathetic disease is due. I illustrate this by a case published in a paper in the *Medical Times* for October 28th, 1854, by my colleague Mr. R. Taylor, who contributed another communication on the same subject on the 4th of November. A contribution of my own will be found under the date of February 18th of the same year.

A man received a blow on the right eye from a piece of iron, but there was no wound of any kind. The sight was not injured at the moment, but began to fail soon after the accident, and was extinct in a year. About six years after the accident, the eye became inflamed and excessively painful. The pain continued for ten months, totally incapacitating him from work; and so severe, that for several months he scarcely had an hour of uninterrupted sleep. The other eye was excessively intolerant of light. He could not read large print, nor could he fix it on any object for more than a second or two. He was operated on, with complete relief from pain; and the sight of the other eye was restored perfectly in about two months. Mr. Taylor saw him five years after the operation, and the sight continued perfect. The remains of the right eye formed an excellent stump for an artificial eye, but he did not care to have one.

Inflammatory affections producing disorganization of the eye may develop sympathetic disease. I have seen more examples of this induced from staphyloma of the sclerotica, the result of purulent ophthalmia in infancy, than any other cause. I subjoin a case that I noted down in 1857.

An ophthalmic hospital patient, aged 20, had purulent ophthalmia in infancy, and lost one eye. Staphyloma formed, and the growth had been gradually increasing from childhood. About puberty, it was painful, and for the first time the sight of the second eye got a little dim. Soon after this, a blow on the staphyloma produced a sharp attack of inflammation in it, attended with much pain. The dimness of the other eye increased, and redness appeared. From this period there had been a gradual deterioration of vision, with occasional paroxysms of pain and inflammation. When I saw him, there was a very large staphyloma of the sclerotica, and no trace of the cornea, but in place of it a small cicatrix, round which the staphyloma was very vascular, the vessels being disposed in remarkably regular radii. The eyelids could not close over the tumour. There was a purulent discharge. The condition of the failing eye was this. The cornea was rather reduced. The sclerotica was discoloured, and full of varicose vessels; the iris dull and shrunken; and the pupil adherent in several places. There was intolerance to light, and vision was very imperfect, although he could read.

There are not recorded many careful examinations of the morbid materials found in eyes that have set up sympathetic ophthalmitis. I therefore introduce this, which came under my notice in the hospital practice of my colleague Mr. R. Taylor. The details are in the *Transactions* of the Pathological Society of London, vol. vi. p. 302.

The patient was a woman, 70 years of age, whose eye was destroyed by intense inflammation of the anterior chamber, which was completely filled with a solid cake of lymph. The lens was hazy, and its fibres presented the usual appearance seen in cataract at a not very advanced stage. Immediately under the capsule, both anterior and posterior, and imbedded in the superficial lens substance, there was found a layer of peculiar bodies, varying much in form and shape. The predominant form was spheroidal, but many were of the most eccentric shapes. Under the polarizer, several of the larger presented a distinct cross; in the smaller bodies, the cross was faintly marked, or absent. Tested with tincture of iodine, they assumed a deep blue colour, gradually increasing in intensity till they became opaque. In making the examination, every precaution was taken to prevent fallacy.

Cretaceous degeneration of the crystalline lens, and of its capsule, is no uncommon source of the sympathy; and in the numbers of the *Medical Times* above quoted are many examples from my practice. Osseous degeneration of these parts always produces the same effects. With such complete disorganization of one portion of the eye, the rest of the interior is always spoiled, and vision lost. The altered lens and its covering are generally adherent to the iris. I have traced disturbance to have commenced from its becoming loose. At the end of the lecture I shall further notice these and allied changes of other tissues, any of which may, I suspect, set up irritation.

No general treatment, no local application, no dietary system, is of avail in checking unequivocal sympathetic ophthalmitis. Nothing of the kind can be depended on; and, while I thus speak from my own observation, I indorse the statement of all trustworthy observers. The affection can be stopped or subdued only by surgical treatment. A portion of the eyeball must be removed, whereby the products which have been generated and have set up the irritation, or the cretaceous or ossified tissue which has acted as a foreign body, may be got rid of; or extirpation resorted to. When practised early, it works wonders. If adopted before the sympathetic action has induced palpable structural changes, it will be all effectual. At later stages, it may arrest progress, and stay the destruction. Even when the pupil has become adherent to the capsule of the lens, and the iris dull, I have seen the check. I have taken notes of so many of these cases, that I have ceased to record them.

I proved many years ago (and I think that I revived Mr. Barton's practice, which, so far as I can learn, had never been generally carried out in London by any one) that removing a portion of the eyeball will generally suffice, as it is frequently in the anterior of the eye that the centre of the morbid action is seated. The intensity of it is more common near the point of injury, and this is mostly in the front of the organ. I have over and over found the vitreous humour healthy; this portion of the eye, therefore, not being spoiled. With the reduction of the eyeball only, the deformity is very much less, and the case is better fitted for an artificial eye; and, in the early years of life, the destined growth of the orbit is less interfered with. When the entire eyeball is disorganized, the posterior as well as the anterior, especially when there is staphyloma scleroticæ, or general enlargement, extirpation is the course to be adopted.

I perform the lesser operation, that of reducing the eye—"abscission"—in this way. The eyelids being retracted, I transfix the cornea, or the staphyloma cornea, as it may be, with a cataract needle, or the curette; and cut it off close to the sclerotica with a small scalpel, gently and rapidly. When I think it requisite, I make the amputation a little behind the cornea; and then the iris, or whatever remains of it, is excised. Should the lens be present, whether opaque or not, I remove it. If I find the vitreous humour healthy, I try to prevent its escape by gentle manipulation and rapid closure of the eyelids; and sometimes none of it is lost. What should follow is very important. There is no more necessary step in the whole proceeding, and without it there may be copious bleeding and suppuration in the stump. I place a roll of cotton wool, or what is next best, a pledget of lint, quickly on the closed eyelid; maintain it with a bandage, and keep it there for two or three days; and afterwards apply straps of plaster. Healing is effected by the cicatrizing of the cut surface, and its rapidity depends on the healthiness of the vitreous humour. It is not unusual to find the parts sealed up in a week.

The more the eye is diseased, the quicker and the more copious is the bleeding. It is this tendency to hemorrhage that has induced some surgeons to speak disparagingly of the procedure; but if it be adapted to the proper cases, I am sure that patients will be the gainers, greater benefits will be conferred—the object and end of all surgery. When the bleeding is from the vessels in front of the eye that have been cut through in the operation, it can easily be restrained, and is never of any consequence. When it is internal, it may for the most part be stopped by the compress. I have long been convinced that the source of this internal or intraocular hemorrhage is not the central artery of the retina, as generally supposed, but the choroid; and my opinion has been publicly stated for years. More extended observation has strengthened my views. There is always a previous escape of the unhealthy vitreous humour, and the removal of pressure or support from the diseased choroidal vessels causes rupture of them. I have seen the whole of the vitreous humour thrust out by clots, the retina hanging in shreds in the wound.

Perhaps in some cases, by the removal of the front of the eye, so much support is taken from the diseased choroid, that the bleeding forces out the vitreous humour.

Much internal hemorrhage ends in total collapse of the eye, and necessarily the process of recovery is retarded.

"Extirpation" of the eyeball within the ocular sheath is what would be called a more brilliant proceeding than "abscission;" and there can be no doubt that, although the operation, so far as the practical surgery is concerned, is more prolonged and severe, the recovery may be more rapid, and the general effect perhaps less. Yet I am quite sure that, if the patient's ultimate welfare be considered, its adoption should be the rare exception. Even a button of collapsed tissues is far better than not any, and a slightly reduced eyeball is vastly superior to an empty orbit; and I think it better that these should be secured, if it be even at the expense of longer time. But will the "abscission" confer advantages equally lasting with "extirpation?" is a question likely to arise in the mind of the practical man. Answering from my own experience, I say, Yes. In no case in which I have selected it as the proper operation have I been disappointed. Were I to write pages, I could not express more. I will just mention here, in connection with hemorrhage, that I have seen smart bleeding from the ophthalmic artery after "extirpation," requiring firm compress to stop it.

"Sympathetic ophthalmitis" might be spread out to a great length, and extensive details given; but I think that I have said enough to guide the student, and to develop inquiry. There are yet many points about which I am seeking information, among which I am searching after the conditions that the ophthalmoscope may reveal to us in the early stages of it.—*British Med. Journ.*, Oct. 20th, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Surgeon General U. S. Army.—Dr. CLERMONT A. FINLEY has been appointed Surgeon General of the U. S. Army in place of the late Dr. Lawson.

Medical Service United States Army.—The Board of Medical Examiners of the Army, lately in session in the city of New York, reported the following appointments, which have been approved by the War Department: Wm. A. Hammond, Pa.; J. P. Wright, Pa.; H. M. Sprague, Conn.; Chas. C. Gray, N. Y.; Wm. C. Spencer, N. Y.; F. L. Town, N. H.; Alex. Ingram, Ohio; Peter V. Schenck, N. J.; J. W. S. Gouley, La.; Dallas Bache, D. C.; B. E. Fryer, Pa.; John H. Frantz, Pa.; Webster Lindsly, D. C.; C. E. Goddard, N. Y.; H. R. Silliman, Pa.; P. C. Davis, Va.; Jos. S. Smith, Va.; C. J. Wilson, D. C.; Jas. F. Weeds, Ohio; Chas. B. White, N. Y.; G. M. Sternberg, N. Y.

Pennsylvania Hospital.—The annual report of this Institution shows that there remained in the hospital at last report 160 patients, and that there were admitted during the year, 1842, of whom 1303 were recent accidents and other surgical cases, and 699 were medical cases, making a total under treatment during the year of 2002. Of these 697 were pay and 1305 poor patients.

We would call attention to the following extract from the report:—

"Mainly dependent for support on the income derived from investments of the legacies and bequests, which from time to time have been received from various benevolent individuals, it has been the aim of the managers to extend to the utmost the benefits of the institution, and though we occasionally receive evidence that the Pennsylvania Hospital still holds a place in the minds of our fellow-citizens, yet the increase of its capital has not been in proportion to the multiplied calls upon it for aid, following upon the increase of the population of our city, and we regret that, though doing to the extent of our means, we cannot, without exceeding our income, admit all applicants to the benefits of the Hospital.

"At the present time, when our country is threatened with the terrible scourge, war, it behooves us to endeavour to be prepared by every means in our power, to relieve those who may be sufferers from the inseparable ills which must follow in its train, and that not one applicant should be allowed to leave our gate while there is room to accommodate, because the funds adequate to relieve are wanted.

"A sum of five hundred dollars has been placed in the hands of one of the managers, to assist in the relief and support in our institution of such cases, should the necessity be upon us."

Children's Hospital of Philadelphia.—The number of cases admitted into the house during 1860, as shown in the annual report, was 120, making with 13 remaining at date of previous report a total of 133 cases treated during the year. The number of out-patients was 1418. The managers have obtained subscriptions to the amount of 4350 dollars towards a fund for the purchase of a lot and for erecting a suitable building, and the necessity of early securing the balance needed for that purpose is strongly urged in the report.

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Massachusetts General Hospital—It appears from the annual report for 1860, that the whole number of patients admitted during the year was 1240, of whom 997 were free. The whole number treated was 1394, of whom 136 remain under treatment, 15 of which are paying patients.

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Bellevue Hospital Medical College.—The organization of this college is announced with a corps of thirteen professors. The faculty consist of Isaac E. Taylor, M. D., *President;* Benj. W. McCreedy, M. D., *Secretary;* R. O. Doremus, M. D., *Treasurer;* James R. Wood, M. D., Professor of Operative Surgery and Surgical Pathology; Frank H. Hamilton, M. D., Professor of Military Surgery, Fractures, and Dislocations; Lewis A. Sayre, M. D, Professor of Orthopedic Surgery; Alexander B. Mott, M. D., Professor of Surgical Anatomy; Stephen Smith, M. D., Professor of the Principles of Surgery; Isaac E Taylor, M. D., George T. Elliott, M. D., B. Fordyce Barker, M. D., Professors of Obstetrics and the Diseases of Women and Children; Benjamin W. McCreedy, M. D., Professor of Materia Medica and Therapeutics; Tim. Childs, M. D., Professor of Descriptive Anatomy; Austin Flint, M. D., Professor of the Principles and Practice of Medicine; R. Ogden Doremus, M. D., Professor of Chemistry and Toxicology; Austin Flint, Jr., M. D., Professor of Physiology and Microscopic Anatomy; Charles D. Phelps, M. D., Demonstrator of Anatomy; N. R. Mosely, M. D., Prosector to Chair of Surgical Anatomy; Sylvester Teats, M. D., Prosector to Chair of Operative Surgery and Surgical Pathology.

There will be a preliminary term commencing on the 18th Sept. 1861, and the regular term will commence on Wednesday, Oct. 16, 1861, and end early in March following.

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Obituary Record.—Died, on the 15th May, at Norfolk, Va., of apoplexy, aged 75 years, Brevet Brigadier General Thomas Lawson, M. D., Surgeon General United States Army.

——— in New York, May 13th, of cardiac disease, David Meredith Reese, M. D., aged 60 years.

FOREIGN INTELLIGENCE.

Failure of Atropine Injections in Tetanus.—M. Chapet, physician to the Hôtel Dieu of Lyons, has published in the *Medical Gazette* of that city the case of a boy six years old, who had an attack of tetanus in consequence of a wound at the back of the head. Two grains of atropine were dissolved in seventy-five grains of water, and with this solution a compress was moistened and placed in the wound. This dressing was changed every half hour. Chloroform was now inhaled, and anæsthesia twice produced. Injections into the cellular tissue were then tried, consisting of two grains of atropine to two drachms and a half of water. In the meanwhile the patient had an alkaline bath, and frictions with mercurial ointment over the abdomen. Atropine was also incorporated with axunge (two grains to two drachms and a half), the ointment to be placed on the wound, and an enema with one drop of croton oil likewise given. Six drops of the above-mentioned solution of atropine were injected, which brought on a complete resolution of the tetanic spasms; but the patient turned pale and livid, comatose, and had hardly any pulse. In five or six minutes the child opened his eyes and asked for drink, but the muscular rigidity soon reappeared. At ten o'clock severe convulsions came on, and a new injection was practised to about five drops. After a few minutes the patient was turned in bed, the rigidity was the same, and the heart had ceased to beat.—*Lancet*, June 8, 1861.

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Syphiliphobia, in M. Diday's opinion, is one of the most common and important of nervous diseases. It constitutes, or complicates, one-fourth of the cases that come under his notice. Moreover, it is the fear of syphilis, and not syphilis itself, which impels many persons to commit suicide. M. Diday divides cases of syphiliphobia into two great classes. In the one, the patient has a dread of syphilis without any cause, not being affected with the disease; in the other, the patient has syphilis, and the syphiliphobia is symptomatic.

In the treatment of the former class, M. Diday recommends that, after listening to the patient's whole story, we should frankly tell him our mind, and endeavour to disabuse him of his false notions. At the same time, we must enjoin a good diet, an active life, and everything calculated to divert the mind from brooding over the imaginary disease. If these measures fail, an antisyphilitic remedy may be prescribed; and the fact of its producing no benefit at the end of a fixed time may be used as an argument against the patient's having syphilis.

When the patient has really had syphilis, and exhibits an inordinate dread of its effects, everything should be done to quiet his apprehensions. He may be assured that syphilis never proves fatal; that, when properly treated, it may be cured completely, causes no apparent deformities, and does not render it necessary for the patient to give up his ordinary avocations; and that it may be possible for him to marry, without any bad effects ensuing either to his wife or family. We must refer the reader to the original memoir, for much valuable advice for our guidance in the treatment of these difficult cases.—*Brit. Med. Journ.*, March 16, from *Gaz. Méd. de Lyon*, 16th Jan. and 15th Feb., 1861.

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Prevention of Vomiting following Inhalation of Chloroform.—This, Dr. Fischer says (*Allgemeine Zeitung*), may be effected by making the patient take a glass of wine before the inhalation.

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Pus-Cells in the Atmosphere.—The following discovery, which of course will require careful examination, is published in the *Cosmos:* In the Orphan Asylum, near Prague, an epidemic of purulent ophthalmia lately broke out, and 92 children out of 200 were attacked. Great care was taken to avoid the contact of the matter, but the medical attendants and nurses nevertheless took the disease. M. Eiselt thereupon proceeded to examine the air with Pouchet's aëroscope improved by Purkinje, and in the atmosphere of a ward where lay a great many of the children, a large number of pus-cells were found. In fact, the cells were noticed upon the instrument immediately the air was made to pass through the apparatus. A committee has been appointed by the Medical Society of Vienna to investigate the facts published by M. Eiselt.—*Lancet*, May 18, 1861.

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Benefits resulting from Sanitary Science.—No better proof could be offered of the vast importance of modern sanitary science than the condition of Liverpool during the foregone year. Before the passing of what is known as the "Sanitary Act," the yearly mortality of Liverpool was notoriously and invariably higher than that of any other town in the kingdom. Since the Act came into operation there, the annual mortality has upon four occasions been successively lower than in any previous year, i. e., in the years 1850, 1856, 1859, and 1860, when the death-rate was respectively 27.5, 27.3, 26 0, and 24.2 per 1000. During the ten years which preceded the passing of the Bill, the mean death-rate was about 32·5. The mortality of 1859 was the lowest upon record up to that time; but it will be found, upon referring to the Health Officer's recent able Report,[1] that last year, with a population numbering about 10,000 more, the deaths were nearly 600 fewer than in the former period. Thus last year alone there was a saving of not less than 3800 lives. Only in 1850, when the population was less by at least 90,000, were the deaths fewer in number. If it be objected that it is unfair to draw the above inference from the mortality of so limited a period, we may reply that if a wider basis of facts be taken, and the last *five* years, 1856–60, be compared with the previous five years, 1851–55, we shall still find the same favourable result, the saving of life during the latter period amounting to about 1100 annually, after striking out the cholera deaths of 1854. Looking at these results, then, and recalling to mind what was the condition of Liverpool previously, we may with justice reiterate the statement of Dr. Duncan, that the authorities and ratepayers may congratulate themselves that their expenditure for sanitary purposes since 1847—large as it has been—has produced results commensurate with the sacrifices which they had incurred.—*Lancet*, May 4, 1861.

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[1] Report of the Health of Liverpool during the year 1860. By W. H. Duncan, M. D., Medical Officer of Health for the Borough, late Physician to the Royal Infirmary, &c., Liverpool, 1861.

Diseased Meat.—The Police Reports in the newspapers contain almost daily accounts of the seizure of diseased meat in various parts of the metropolis; and yet the practice appears to be on the increase, and, as we have been informed by persons specially qualified to give an opinion, the quantity seized gives but a very inadequate idea of the quantity that eludes detection and is sold to the labouring classes. * * * All over the country cattle are dying from the effects of inclement weather and insufficient food, and wherever the carrion can be sold for human food, the temptation is too great for the bucolic conscience to resist. The elaborate report of Dr. Headlam Greenhow throws doubt on the noxious quality of the flesh of animals dying of disease, but it is evident from the testimony of skilled witnesses that the diseases of which cattle are now dying produce not merely emaciation, converting sheep into "lanterns" (so called in the technical language of the markets, because a lighted candle would shine through their transparent intercostal spaces), but a positive sourness and unwholesome quality. Our informant, visiting a very clean slaughter-house, where there was abundance of good meat, noticed a peculiar dissecting-room smell, which proceeded from a tub filled with pork in a disgusting state, and partly black with ecchymosis. This was seized, and some healthy looking pork, macerated in the same tub of water, was seized likewise, because impregnated with the putrid water, although the butcher remonstrated loudly. In the same district some veal was seized which was but a day or two old, and some mutton from a sheep which had been crushed to death in a railway-van. The femur was smashed and the meat black with extravasated blood. Some Welsh legs, dressed as lamb, with a little wool fastened round above the hoofs, were not seized, but left, in order that the honest ingenuity of the butcher in manufacturing "lamb" might meet with its reward from a discerning public. The practical questions that arise are these: First, the necessity of stricter supervision at railway termini and steam packet wharves (we are told that fifty cattle in a state of disease were landed lately at Blackwall and slaughtered there for the London market); next, a more full and efficient superintendence of the great central markets; and a frequent visitation of local slaughter-houses and low butchers' shops by parochial sanitary inspectors; and, lastly, something like reasonable security that condemned meat shall be so destroyed as not to enter in any way into the composition of human food. At present, it is next to certain that some which is boiled down is made to contribute a grease which is used in the manufacture of butter; a little of it, too, is added to chicory in roasting, in order to give this counterfeit a richness and tone, both to touch and taste, and to contribute that oily sensation which coffee yields and chicory does not.—*Med. Times and Gaz.*, April 13th, 1861.

Poisonous Soaps and Perfumery.—M. Reveil, the chemist, has drawn the attention of the authorities of France to the necessity of preventing perfumers and hairdressers from selling poisonous articles, whether under the denomination of dyes, soaps, cosmetics, or toilet-washes; and of forbidding any tradesman, unprovided with a regular license, from dealing in such dangerous preparations. M. Reveil remarks that when it is considered that the compounds he refers to contain, many of them, arsenic, acid nitrate of mercury, tartar emetic, cantharides, caustic potash, and like poisonous drugs, in considerable quantities, the urgent need for some interference will be readily understood. He further states that such is the bad faith of the manufacturer in these particular questions, that whilst articles are announced as being composed of some well-known and innocuous ingredients, on chemical analysis they are not unfrequently found to contain most deleterious substances, and not one atom of the alleged principal component. The kind of soap, for example, known as "lettuce-soap," and sold, by the way, as *acknowledged* by the Academy, does not contain a trace of lettuce. This, and several other soaps, are coloured green by means of the sesquioxide or chromium, or of a rose colour by the bisulphuret of mercury. Some, again, which are cheaper, contain thirty per cent. of insoluble matter, such as lime and plaster, while others contain animal matter, which, having escaped the process of saponification, emits an offensive smell when its solution is left exposed to the air for any time. The preparations employed for hair dyeing, under the euphonious titles of "Florida water," "African water," &c., all contain nitrate of silver, sulphur, oxide and acetate of lead, sulphate of copper, and other noxious substances. All the cosmetics, called "Depilatories," and used for removing hairs, as well as those for clearing the complexion of freckles, are poisonous; and one, the "Lait antéphélique," owes its efficacy to the presence of corrosive sublimate and oxide of lead. Were, indeed, a chemist to deliver such a remedy to a customer without a regular prescription, he would be liable to a fine of 6000 francs. The toilet-vinegars, also, so generally used by ladies, are, M. Reveil believes, injurious to the skin, and especially when employed in conjunction with soap. In this case, a decomposition ensues, and the fatty acids of the soap, which are insoluble in water, remain in contact with the cuticle, and may act as an irritant. At the conclusion of his memoir, the author expressed his regret—a feeling which will, I believe, be very generally re-echoed—that certain of our confraternity should so entirely forget their own dignity as to lend the support of their names to such noxious inventions.—*Lancet*, June 8, 1861.

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Allopathy and Homœopathy.—The following very sensible remarks in the *Moniteur des Sciences, etc.*, on the absurdity of the term allopathy, as well as that of homœopathy, are worthy the attention of all who make use of them:—

"The terms homœopathy and allopathy are absurd, etymologically and rationally. I deny the existence, in a scientific sense, of both homœopathy and allopathy. The distinction reminds me of that made by a candidate for honours, who divided mankind into the human and the inhuman. Those who call themselves homœopaths, or who speak of homœopathy, know not what they say, or rather only understand it as being a means of obtaining practice. To give up the term of homœopath is an act of sense. The epithet is, in fact, a party sign, and in medicine, if we tolerate errors, we are not fond of banners. When the party colours are removed, then we find ourselves face to face with the so-called law of *similia similibus*, and of infinitesimal doses—in fact, with an old tradition. For these questions have both been judged ages ago; the first, under the names of enantiosis and hypenantiosis (and on this point references may be made to the translation of Hippocrates by M. Littré, vol. iv. p. 420); and the last, carried to extremes, that is, in its actual sense of infinitesimal, is *à priori* manifestly absurd; but, in a restricted sense, has been frequently studied in materia medica. I prefer, as a mental phenomenon, a belief in spirit-rapping to a belief in homœopathy; for the spirit-doctrine is clear, it has existed at all times, we can follow its origin and phases, and may admit it without being taxed with ignorance or bad faith; but homœopathy is a thing without existence. There are homœopaths, but not homœopathy."

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Military Hospitals in Paris.—Some time since there were only two military hospitals in Paris—the Val de Grâce and the Gros Caillou. For the benefit of the troops a third was constructed at Vincennes, near the wood, where the patients breathe purer air; and the sanitary results are described as being more satisfactory; indeed, M. Bondin, the distinguished military physician, said, at a meeting of the Statistical Congress, held in London last year, that the only epidemic which ever reigned there was an epidemic of health.—*Lancet*, June 8, 1861.

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Amalgamation of the London Medical Societies.—Some time past a strenuous effort has been making in London to unite the several medical societies of the metropolis, and at a special meeting of the Royal Medical and Chirurgical Society held on the 5th of April, it was decided, "That it would tend to the advancement of medical science were the Royal Medical and Chirurgical, the Pathological, the Epidemological, and Obstetric Societies united under one head, and the different branches of medical science carried out in corresponding sections of one society"

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OBITUARY RECORD.—Died suddenly in Dublin, WM HENRY PORTER, Professor of Surgery in the College of Surgeons and one of the Surgeons of the Meath Hospital, one of the most respected and eminent surgeons of the Irish capital.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Lecture on Cerebral Disease unattended by Cerebral Symptoms.—By CHARLES WEST, M. D., physician to the hospital for sick children. Delivered at the hospital Feb. 16, 1861.

Summary: Majority of such Cases Incurable, but their Diagnostic Importance great; Cases of Hydrocephalus with absence of characteristic Premonitory Symptoms; Great Value to be attached to any one Symptom if persistent, though unattended by others, as persistent Constipation, Sickness, Headache, or Drowsiness; Occasional rapid Advance of Hydrocephalus in Phthisical Subjects; Gravity of slight Symptoms at certain Epochs of Infantile Development; Symptoms sometimes Obscure in Cases of Chronic Tubercular Diseases of the Brain; Cases in Illustration; Conclusion.

GENTLEMEN: On two former occasions I have called your attention to cases in which the symptoms ordinarily indicative of Disease of the Brain existed as the result of mere passing disturbance of that organ, and did my best to help you to distinguish between the apparent and the real; and thereby, I trust, to remove groundless apprehensions, and to bring most welcome hopes to your patients' friends.

To-day I propose to show you the other side of the picture, and to bring before you some instances in which the existence of disease of the brain was masked by the absence of its more usual symptoms, or rather by the delay of their appearance. These cases are all the more important since, though they are for the most part of a kind that does not admit of cure, slight indications still forewarn the experienced eye of the coming danger; while the absence of the customary signs of evil lull the untaught physician into a vain security, from which he is not roused until death is actually on the threshold.

A few weeks since a little boy, 3½ years old, was brought into this hospital in a state of unconsciousness, from which he could

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not be roused. His eyes were wide open, and rolled vacantly around, or were stirred by a frequent twitching movement towards the right side, while the pupils were widely dilated, and insensible to light. The left arm and leg were palsied, the boy could not move them; if lifted they fell again as if dead; power still existed in the right side, with which involuntary movements were made; but the sense of feeling was gone; and though the limbs were pinched, no attempt was made to move them. The jaws were firmly clenched, but deglutition was performed, though with difficulty, if the spoon was forced between the teeth. With this the pulse was extremely feeble; and it was evident at once that there existed incurable disease of the brain—that the child had come into the hospital to die.

On the next day breathing was very irregular; fluid put into the mouth ran out at the corners, and the act of swallowing was worse performed than on the previous day, while the pulse was now so feeble as to be a mere thread, and so frequent as to be almost uncountable. It is scarcely worth while to follow the process of dying, which went on from January 22 to January 25, with such changes only as served to announce the gradual advance of the abolition of all nervous power, till at length the child ceased to breathe.

There was considerable congestion of the vessels of the arachnoid, and this by no means so marked at the back as towards the front part of the brain; consequently in no measure the result of position. The convolutions of the brain were much flattened, and the ventricles were distended by four ounces of clear serum. The lining of the ventricles was somewhat thickened and tough, and presented a finely granular appearance, which showed that inflammatory mischief had for some time been going on in the central parts of the brain. The anterior cornua of the ventricles were not softened, but there was much softening of the brain-substance about and around the posterior cornua. There were some minute tubercular granulations of the arachnoid on the convexity of the brain, and as is usual a similar much more abundant deposit intermixed with hyaline matter about the optic commissures, and extending along the fissure of Sylvius. The lungs were beset throughout with very minute, transparent gray granulations, equally abundant and in the same early stage throughout. The bronchial glands were much enlarged, and many of them were converted into yellow tubercle. Tubercle was deposited in the pleura, peritoneum, liver, spleen, and slightly in the mesenteric glands.

But why do I relate this case, which thus far presents nothing specially to distinguish it from other cases of tubercular hydrocephalus; coming under observation when the disease is advanced, and when the doctor can do nothing but stand by and watch the gradual approach of death? I relate it on account of the previous history of the child, on account of the small suspicion which the mother appears to have entertained that the early symptoms of her little one's illness had so grave a meaning as time showed to be their real import. The little boy was delicate, and of late his father had been out of work, and so he had fared badly. On January 7 he was rather feverish, his appetite failed, his face flushed frequently, and his bowels were constipated, and for four days they continued so; when at length they were relieved by castor oil; though for fourteen days the bowels acted only three times. Active aperients, however, do not seem to have been tried. There was no sickness, nor was there any complaint of pain in the head nor any indication of its suffering, and the convulsions which occurred on January 17, and which continued at intervals, scarcely indeed at any time completely ceasing, first aroused the mother's serious alarm. On the 19th the convulsions ceased, and left the child in that unconscious state in which he was admitted on the 22d; only to die in the hospital on January 26.

It is well to have impressed upon your minds the characteristic features of certain diseases—to know, for instance, that sickness and vomiting, and pain in the head and restless nights, that altered temper, and causeless fretfulness, and intolerance of light and sound, dizziness, and heat of head, are the usual signs of water on the brain. It is well, however, to be aware also that any one, or almost all, indeed, of these symptoms may be absent, and yet the disease may be quietly advancing; and that the steady persistence of any one symptom of cerebral disease, unrelieved by ordinary remedies, and especially when coming on in a patient disposed either by hereditary tendency or by unfavourable hygienic conditions to disease, should always kindle in your minds apprehensions which yet it may not always be judicious to express. Loss of appetite, transient flushings of the face, and constipation, are symptoms which an untaught woman may well be excused for not regarding with grave solicitude. But it cannot be too deeply impressed on your minds that in every doubtful case you are bound distinctly to raise to yourselves the issue of the presence or absence of cerebral disease, and that the longer any one symptom commonly associated with disease of the brain persists, the greater is the probability that that symptom depends on organic disease, not on mere eccentric irritation. This rule, indeed, is but a natural corollary from what I have stated in former lectures, that the intermittence of symptoms which are in themselves most formidable, goes far to prove that in the particular instance their meaning is not so grave as we might at first imagine.

Constipation seems, in the above related case, to have been the one persistent symptom, which, though it failed to excite the suspicion of the mother, ought not, in similar circumstances, to fail to awaken yours. The symptom may vary, but, be it what it may, its steady persistence attaches to it a gravity which it would be hard to over-estimate.

A little boy, 5 years old, whose maternal grandfather died of phthisis, was in good health until the middle of July, 1843. He was then attacked by diarrhœa and violent sickness. The diarrhœa ceased under treatment at the end of five weeks, but the sickness continued unabated. On September 11 he was seen by a physician, who ordered a blister to the epigastrium, where he complained of pain, apparently brought on by the frequent retching; and who also gave him an emetic, on the assumption, I suppose, of the existence of gastric disorder, and a mild aperient to relieve the bowels, which since the cessation of the diarrhœa had become a little constipated. On September 13 I saw him for the first time. At the time of my visit he was lying in bed, dozing, not sleeping, with his face turned from the light; but, on being roused, he was perfectly cheerful, and said he had no pain at all in his head; though I heard he had once or twice complained of headache on the day before. His pulse was very frequent; I suspected that it was irregular; but could not quite satisfy myself of it, and in the absence of any marked symptom of disease of the brain contented myself with prescribing some hydrocyanic acid. Of this medicine he took three doses; during the former part of the night he slept well, he then became restless, and had a fit at eight o'clock in the morning, succeeded by another slighter one at eleven. At half past twelve I saw him; he was quite sensible, lying on his side, with his eyes closed, and said he was "so sleepy;" but though he appeared to doze he had no real sleep. His head was not hot, his eyes were not suffused, his pupils were natural, his manner perfectly self-possessed; but his pulse, the day before so frequent, had sunk to sixty. It was feeble, somewhat unequal in force, and very irregular in rhythm, there being a distinct intermission at every sixth beat. Local depletion relieved the head; but the fits returned after a few hours, gradually increasing in severity, duration, and frequency, and a gradually deepening drowsiness affected him in the intervals. The bowels were by no means obstinately constipated, and the child was brought speedily under the influence of mercury; but no effect was thereby produced. The coma became more profound, and at length convulsions came on, in which he died on September 21, eight days after I first saw him.

There was a considerable quantity of fluid in the ventricles, considerable congestion of the cerebral substance, and slight softening of the central parts of the brain, with a few tubercular granulations of the membranes at the base of the brain, and minute gray granulations abounded through the pulmonary substance. The appearances, in short, were abundantly characteristic of tubercular hydrocephalus, but not of the disease in its most extreme degree; and I think that I may add that in many instances, where the disease steals on imperceptibly in its early stages, it does not leave behind the same extensive disorganization which we commonly meet with when it has run its course with well-marked symptoms from the commencement.

This case is remarkable, partly for the supervention of the disease upon previous diarrhœa, which, indeed, had subsided, but left the bowels easily acted on by medicine; partly for the complete absence of all ordinary symptoms of cerebral disease when he was seen by the experienced physician who first prescribed for him on September 11th, and who made an express memorandum with reference to him, Cerebri affectio nulla, on the paper on which he prescribed for him. Three other points this case may impress upon your minds. The grave import of vomiting in childhood when persistent, and when not accompanied by other very marked signs of gastric and intestinal disorder. The extreme probability that great frequency of the pulse (except when the result of exhaustion) unaccompanied by corresponding heat of skin and manifest febrile disturbance depends on mischief going on in the brain. The almost absolute certainty that such is the case which may be deduced from any, even the slightest irregularity in the rhythm of the pulse or inequality in the force of the beats; and the positive proof that it is so which is furnished by any sudden and considerable diminution of its previous frequency, as for example when it falls (as in the just related instance) from 120 to 60 in less than twenty-four hours.

Constipation alone, sickness alone—in like manner headache alone—may be the one sign of the coming danger. A boy, 6½ years old, one of six children of healthy parents, though one infant had died of hydrocephalus, had a slight feverish attack in the month of September, during which he was reported to have been light-headed one or two nights. He regained his usual health in about a fortnight, though his appetite continued rather dainty, and he scarcely had his usual strength or spirits. So little cause for anxiety did there seem, however, that his mother was about to take him out of town at the end of November, but brought him to me first, more as a matter of precaution than from any serious anxiety about his health. One symptom, however, was mentioned at this interview, on November 29, namely, the existence for some weeks of a constant, dull, frontal headache. It was not a violent pain like the purely neuralgic headache, nor was it accompanied with sickness, like the headache I referred to in my last lecture, which, continuing severe and with much disorder of the stomach for some twelve or twenty-four hours, then leaves the child almost or quite as cheerful as ever, though for a few days, perhaps, somewhat weaker. This pain was present constantly. It did not, indeed, interfere with sleep; the child slept tolerably well; but the pain awoke with him in the morning and continued all day long. He did not always complain of it, as quiet amusements which interested him seemed to make him for a time forget it, but he never lost it entirely. His head was not then hot, nor was his pulse irregular; he had not vomited, his bowels were not very confined; but there was simple pain of the head. That pain was persistent, and had followed an indefinite febrile attack which had been attended by cerebral disturbance, and had left behind a degree of impaired appetite and strength, outlasting the time to which one might have expected the influence of a comparatively trival ailment to extend. Always suspect the import of vague febrile attacks in childhood, coming on causelessly, lasting an indefinite time, unattended by grave functional disturbance of any special set of organs, a condition more of ailing than of illness, which keeps you on the alert more because you do not see clearly what it is to issue in than because on any one visit you observe cause for serious anxiety. Such attacks, in nine cases out of ten, are the results of tubercular deposit, are, I believe, the outward signs of the active progress of the tuberculous cachexia; and when in the course of such attacks, or after their occurrence, symptoms appear indicative of disorder of any kind in the head, the chest, the abdomen, such disorder is almost invariably due to their disturbance by tubercular deposit in the brain, the lungs, the intestines, or peritoneum.

The boy did not go into the country, for I felt uneasy about him. On December 3 I saw him again; his condition was much the same, he was no better, was not much worse; but he was rather fond of sitting by the side of the sofa, and burying his head in his mother's lap, or in the sofa pillow, while he dozed a few minutes; but still he was intelligent, moderately cheerful, and capable of being amused. On the 8th the pulse was slightly irregular; and now the drowsiness deepened, and by degrees took the place of the pain. On the 19th he died, having been convulsed, though but slightly, two days before his death, and having at no time presented the marked characteristics of tubercular hydrocephalus. Effusion into the ventricles, central softening of the brain, and granulations of the arachnoid, were present; all in sufficient degree to mark the disease to the eye of the morbid anatomist, though like the symptoms during life, not in such measure as would have led one to select the case for the ordinary purposes of clinical illustration.

Let me add another case which occurred here but a few days since, and which illustrates a different phase of the early stage of the disease. A few days since, going round the ward, I came to a case which had been admitted two days previously. It was a little girl, 4 years old, previously in good health, who on January 30 had been attacked by causeless vomiting, accompanied by thirst and fever, but by no pain. When brought to the hospital, on February 6, the extremely acute and intelligent house-surgeon was so impressed by these symptoms, that he regarded the case as one in which scarlatina was probably about to appear, and very properly had the little one placed in the fever ward. No rash was perceptible, and the next day and the next none appeared. She lay quiet, and dozed much by day; but she vomited only thrice after admission. On the night of February 7 she was restless and thirsty, and on February 8 I saw her for the first time. It was then obvious that the case was not one of scarlatina, for the following reasons: the vomiting which ushers in scarlet fever is succeeded almost invariably in the course of twenty-four or, at latest, thirty-six hours, by the appearance of the characteristic rash. In this case no sign of rash was apparent at the end of seven days. The vomiting of scarlet fever is usually of short duration, the exception being furnished by occasional instances of the malignant form of the disease; but of malignant fever there was no question here. If vomiting continues, the intestinal disorder almost invariably occasions diarrhœa; in this case, on the contrary, the bowels were constipated. Mere drowsiness is not a common attendant on scarlet fever, but if there is much cerebral disturbance, it takes the form of delirium, or of excitement alternating with the semi-consciousness of fever, and which differs widely from the placid sleepiness of the child with cerebral disease. This child lay in bed, curled up in an attitude of perfect calm, and did not resent being disturbed or being lifted out of bed. Her pupils were unnaturally dilated and acted but imperfectly under the stimulus of light, and there was very slight inward strabismus of the right eye. There was but slight heat of head, there was no undue pulsation of the carotids, there was no grinding of the teeth, no difficulty in deglutition. Time passed on, but with no marked sign of increased mischief, only the gradual deepening of the drowsiness into a coma so profound, that the child could not be roused, and the slow increase of the difficulty in deglutition, till at last it became impossible. On the fifteenth day the little one died, no convulsions disturbed its repose, or distorted its features, but it just passed away.

I do not dwell on the morbid appearances. They consisted of the effusion into the ventricles, the granulations of the arachnoid, the deposit of lymph at the base of the brain—in short, of the ordinary appearances, characteristic of tubercular hydrocephalus.

At the risk even of what may seem almost tedious iteration, I must once more warn you against the extreme risk of overlooking the advances of cerebral disease in phthisical or tubercular subjects. The headache in one of the cases I have related forced itself upon notice, but it is by no means always that any one symptom points, as the pain did in that instance, to the seat of mischief. Solicitude has perhaps existed for some time with reference to the child's health; slight cough is present, and with it there is some loss of flesh. Presently the cough increases a little, and the parents attribute this to the child somehow having caught fresh cold. There is no marked head-affection, the child indeed is heavy and dull, but makes no special complaint of headache, or says at the most that his head hurts him when he coughs. The bowels are often somewhat constipated, but probably a disposition to constipation is habitual, while if vomiting occurs once or twice it is referred to the expectorants, prescribed for the cough, and ceases either spontaneously, or as the result of some change in treatment. But still the patient is no better; the pulse continues rapid and feeble, the heaviness and dulness deepen into a constant drowsiness, the drowsiness into a stupor, and the stupor issues in coma which may or may not be preceded by convulsion; the riddle of diagnosis being solved by the evident head-symptoms which accompany the last few days or hours of the patient's life.

A girl, 7 years and 9 months old, who inherited a phthisical tendency from her maternal ancestors, was attacked by hooping-cough four months before she came under my notice. In the course of a week measles supervened which were complicated with severe diarrhœa; while the hooping-cough lasted, though with no great severity, for four months. A month after its cessation the child, who still had some cough, was admitted into the Children's Hospital. She was very weak, much emaciated, had various dyspeptic symptoms, and presented all the characters of advanced phthisis, while there were evidences of tubercular deposit in the left lung. Her pulse was a hundred in frequency and very feeble; her tongue was much coated, her lips were dry, and she resembled not a little a patient with typhoid fever: between which disease and acute tuberculosis, I may just remind you, in passing, the diagnosis is often by no means easy. She slept well the night after her admission, and made no complaint of headache, but in the morning she was sick once, a symptom which had occurred before, but which at no time was frequent or troublesome. On the following day she made slight complaint of headache, but her face was tranquil, and though not sleepy much by day she was always quiet. Her pupils on this day were observed to be rather more dilated and rather more sluggish than they ought to have been. Sickness had not returned, nor did it; but the complete distaste for all food and drink was very remarkable. On the fourth day all headache had disappeared, but drowsiness seemed creeping on; it deepened into coma on the sixth day; undisturbed, save by very slight twitching of the muscles of the face, and on the eighth day the child died.

The emaciation was extreme, and there was abundant tubercular deposit in almost all the organs of the body, especially in the bronchial glands and spleen. There were traces of old mischief at the base of the brain in the form of loss of transparency of the membranes, and some deposit of tubercular granulations along the fissure of Sylvius. The ventricles did not contain above six drachms of fluid, and there was no softening of the central parts of the brain, while the congestion of the arachnoid was not considerable. In short, the post-mortem appearances harmonized with the symptoms during life in illustrating the fact that whenever the tuberculous cachexia is much developed, a very small amount of cerebral disease is quite sufficient to destroy the patient; and the slight symptoms during life will be found to be the expression of a very small amount of local mischief.

The younger the child, too, the smaller will usually be the amount, both of general and local disease that will suffice for its destruction. There are also certain epochs of infantile life at which unusual demands are made on constitutional vigour, and at which, therefore, more than ordinary watchfulness is called for, and symptoms have a more than ordinary grave significance; such are the epochs of weaning, and of dentition; and one of the reasons for somewhat protracted suckling of a weakly infant is to prevent the coincidence of the irritation of teething with the constitutional disorder that too often accompanies the first attempt at the substitution of artificial food for the mother's or nurse's milk.

It is at this time that slight attacks of illness are apt to pass unnoticed, or to be referred for an easy solution of their meaning either to the change of diet, or to the irritation of teething. The child becomes fretful, sometimes feverish, generally restless at night, but still there are intervals of almost its wonted cheerfulness. There is no marked intolerance of light—a symptom, by-the-by, the existence of which it is not easy to ascertain in the infant; constipation is seldom obstinate, often does not exist at all, while loss of appetite and refusal of its usual food are often even more marked than actual vomiting. For days, sometimes even for weeks, these symptoms continue, affording nothing definite enough for treatment, scarcely definite enough to call for grave solicitude. At length, with no apparent cause, there sets in an increase of the fever, attended by considerable heat of head and frequent outcries. These last for a variable time, for two or three days, or less, or sometimes even only for a single night, and the next day brings quiet; the child is drowsy after its suffering of the day before, so it seems at least, and the drowsiness deepens, and then coma steals on so almost imperceptibly that the anxious mother clings to the confident expectation of her little one's recovery for days after the doctor has seen the certain issue of the disease in death. Now and then, too, the acute stage of excitement and pain and fever is altogether wanting, and the transition from mere discomfort, first to apparent ease, and then to drowsiness, then to sleep, and from sleep to stupor, from stupor to death is so gentle, that not the friends only, but the doctor, too, are apt to be taken by surprise.

And how is such surprise to be avoided? Partly by bearing in mind that the ill-marked febrile disorders—the fretfulness, the unrest, all the assemblage of indefinite symptoms which I have mentioned—is commonly indicative of the advance of tubercular deposit, or, at any rate, accompanies that state of health in which deposit of tubercle is most apt to take place. Next, by remembering that in the infant at the period of dentition, there is a special source of irritation of the nervous system which tends to render the brain most sensitive, and its functions most likely to become disordered. Lastly, that this being the case, any signs of constitutional disturbance not clearly traceable to some other cause are most likely due to disease of the brain, and that consequently, on every occasion, you are bound to disprove the existence of cerebral disease before you are at liberty to seek further for an explanation of the symptoms.

But it is not in comparatively acute cases only that you are liable to fall into error, owing to the absence of those pathognomonic symptoms, which usually you expect to meet with. The course of chronic disease may also be obscured in a similar manner, and this even when the appearances disclosed after death are such as to make it seem almost impossible that disease so grave should not have announced its presence most emphatically by symptoms of corresponding intensity.

Not many months ago a boy, ten years old, was admitted into the hospital who had been ailing for six weeks with occasional vomiting and a relaxed state of the bowels, which, for some days, had amounted to rather severe diarrhœa. He had lost his appetite and grown thinner, and had rested ill at night, but pain referred to the back of the head, nearly constant but never intense, was the only symptom which appeared indicative of cerebral disease. After a continuance of these symptoms for six weeks, he was admitted into the hospital as much on account of his failing health as of any solicitude excited by the headache. He was perfectly intelligent, and distinctly referred to the occiput as the seat of pain; but there was no tenderness on pressure there, or about the upper part of the cervical spine. A sluggish condition of the pupils, which were more dilated than natural, and slight divergence of the eyes existed, but neither of them to such an extent as at all to have forced itself upon observation.

He survived his admission sixteen days. His appetite improved; for a few days his headache considerably lessened, though it did not altogether cease, but then again returned, and was referred alternately to the occiput and forehead. His improvement occurred while taking small doses of the iodide of potassium, but I do not imagine that any considerable importance is to be attributed to it; and a blister was applied to the nape of the neck, on account of some increased headache two days before he died. Death took place unexpectedly, and so gently, that the attitude of quiet slumber in which the boy was seen more than once during the night was undisturbed.

A large mass of yellow tubercle, a little irregular, but about two inches in diameter, was imbedded in the left hemisphere of the cerebellum, pressing on and distinctly flattening the medulla oblongata. There was no change in the brain-substance in the neighbourhood of the tubercle, or elsewhere, but the ventricles were much enlarged, their lining membrane was tough, and they contained eight ounces of perfectly transparent fluid.

It is worthy of note, that with the exception of slight old tubercular deposit at the apex of the right lung. the body presented no other trace of it. This is of importance, inasmuch as it shows that extensive disease in the brain may exist, independent of those general evidences of tuberculosis which often serve as a clue to the understanding of symptoms otherwise obscure.

In this case one symptom, and only one, was present to fix the attention on the probable existence of disease of the brain, and that was pain in the head. It was not intense pain, it was not sudden in its onset; brief in its stay, complete in its disappearance, relieved by attention to the state of the bowels, or even ceasing of its own accord, as did those neuralgic headaches which I spoke about at my last lecture, but it was constant, varying indeed, now better, now worse, but never entirely absent.

Be the symptom of cerebral disease, then, what it may, the mere fact of its persistence attaches to it an importance which it is almost impossible to overstate, and which far exceeds what would belong to it, even though tenfold more characteristic when present, if that presence were occasional and interrupted by intervals, during which it ceased completely. Of no symptom is this more emphatically true than of pain as a sign of cerebral disease.

In the great majority of instances the existence of any considerable deposit of tubercle in the brain, produces not merely pain, but also impairment of power over some of the voluntary muscles, showing itself in paralysis, or in convulsive movements, or in both. It is unusual for the latter to precede the pain, and still more unusual for them to continue for any considerable time without becoming associated with pain, and with other unmistakable evidences of cerebral disorder.

Such exceptional cases do, however, now and then occur. A little girl, one of five children of healthy parents, in whose family no phthisical predisposition existed, had had uninterruptedly good health, not disturbed even by the process of teething. While at breakfast, when two years and a half old, and apparently in perfect health, her mother noticed a tremulous movement of the right hand upon the wrist. In fourteen days the movement extended to the right arm also, and in another month to the right leg. At two years and nine months she came under my notice. At that time the leg and arm trembled in an almost equal degree, and the foot was drawn inwards. The child could stand, but could not walk; she could raise her hand to her head, could hold anything very light, but nothing of weight, in the hand. The trembling ceased when in profound sleep, but the slightest irritation of the surface reproduced them without waking her. For about five weeks before I saw her her head had been constantly drawn towards the left shoulder, though it became quite straight when she was asleep; and she had some power to elevate it, though she was not able to keep it raised. When these symptoms first came on, she seemed somewhat out of health, lost flesh, slept badly, and her appetite failed; but for a month previous to her admission she had seemed well in all respects with the exception of the involuntary twitching.

The child was perfectly merry all day long, and some degree of constipation was the only symptom of disorder of her health. Aperients were given to her, but no other medicine. In five days there was marked diminution of the wry neck, and in nine the twitching of the arm and leg was also lessened. By degrees she acquired the power of standing firmly with very slight support, though, as often happens with children suffering from chorea, any excitement, or the consciousness of being watched, sufficed to bring back all the tremulousness almost in as great a degree as when admitted into the hospital. Simultaneously with this improvement, however, it was observed that the mouth was drawn somewhat to the left side; but this symptom gradually abated, and finally disappeared in the course of the next month. She became able to walk firmly, and to grasp objects well in her hand; and she left the hospital, fourteen weeks after her admission, with no other ailment than slight tremulousness of the hand and arm, and somewhat impaired power over the right leg. For five weeks only this improvement lasted, but at the end of that time she began to walk less well, gradually grew heavy and drowsy, and sank, at the end of ten days, into a semi-comatose condition, in which both pupils were dilated, but the right especially so. Convulsions then came on, accompanied by rigidity of the left limb, while the right were in violent movement. Slighter convulsions followed, in which both sides of the body were equally disturbed; but from the fourth to the sixth day there was a partial return of consciousness, which once more gradually disappeared. The right arm became permanently rigid, while automatic movements took place of the left arm, and of both legs. On the seventh day deglutition became difficult; on the ninth, impossible; and on the tenth day from the first occurrence of coma death took place.

The cerebral convolutions were flattened, and arachnoid on the convexity of the brain was granular, and much fluid escaped on removing the brain. There was abundant effusion of blood beneath the arachnoid at the base of the brain, covering both surfaces of the medulla oblongata, reaching as far forward as the optic commissure, and downwards, though slightly on the posterior surface of the cord as far as the fourth cervical vertebra. There was a softened tubercle of the size of a pea at the posterior part of the right hemisphere of the cerebellum, and there were five masses of tubercle in the substance of the left optic thalamus, but no softening nor other appreciable change in the cerebral substance about the deposit. Tubercle, but to no considerable extent, was present in the lungs and bronchial glands.

In this instance, irregular, almost choreic, movements were for some months the only evidence of the grave cerebral disease which, advancing all the time, at length destroyed the patient. But even they might serve to excite suspicion. They were all the time limited to one side of the body, while chorea seldom continues so restricted, though one side only may be at first attacked. The drawing of the head towards the left side, and afterwards the paralysis, even though temporary, of the right portio dura, pointed to some abiding irritation of the brain, and served to raise the suspicion that the symptoms were of a graver import than at first seemed likely, if one looked merely to the apparently good health and the perfect happiness of the little child.

It would not be difficult to illustrate this subject further by a detail of more cases, but time warns me to desist. And what may you hope to have learnt from this lecture? It has been a sad one, I confess, for it has consisted of a series of examples of the imperfection of our knowledge, of the fallacies to which we are liable, of the way in which the most remediless diseases may for a time be unsuspected. It would, indeed, have added much to the interest, much to the value of the lecture, if I could have given an explanation of each of the variations from the ordinary course of disease, have shown how the nature of the appearances after death fully accounted for the absence of this symptom in one case, of that in another. But I cannot. There is, no doubt, a reason for all these discrepancies; and a grand motive for devoting yourselves to the scientific investigation of disease is the hope that you may discover some pathological principles which will clear up much that is obscure and solve many of our at present insoluble enigmas. Pray remember, however, that the value of an ascertained fact is not lessened because we cannot account for it. It remains to warn and guide us, though it may stand isolated, and though it may remain for years still far distant to bring it into due relation to other facts with which at present we cannot see its connection.

But to the rightly-constituted mind, a lecture such as this is sad, chiefly because it adds nothing to your means of cure. It may make you more acute to spy out the evil, it leaves you as helpless as ever to devise the remedy. It is even so; but may not this teach us the lesson of humility we all need? The novice can tell of many facts of which the expert can supply no explanation, and the power to heal halts sadly behind the ability to discover the disease. And thus, indeed, we all have to practice medicine; to exercise an art in which we are sure of being in every instance eventually foiled, foiled by the dread sentence of irrevocable death. But we are appointed to console as well as to cure; to bind up the broken heart even when we cannot heal its wounds. To see by more acute perception the end even from the beginning; to know the thick darkness which will follow, what to less instructed eyes may seem but a passing cloud, fits us for the one office even when we cannot exercise the other. The perfection of Divine foreknowledge is associated with a tenderness far more than human, and it was just because He knew all, that He, the Great Physician, pitied all. In this example, the lesson which I have tried to help you to learn to-day finds its highest significance, and its widest application.

HOSPITAL NOTES AND GLEANINGS.

Radical Cure of Varicocele.—A patient, labouring under a very aggravated form of varicocele, was brought into the theatre of King's College Hospital, on the 9th of February last. It appeared that he had suffered for a considerable time from pain in the part, and in the loins. The testicle upon the affected side was evidently wasted; but the most remarkable feature in the case was the great distance that it hung below the other on the opposite side. The testicle on this (the left) side was so pendulous and loose, that when the patient lay on the operating table it hung over towards the outside of his left thigh. Mr. Henry Lee proceeded to operate in a way somewhat different from that in which the operation has been usually conducted. Having introduced a thin needle between the vas deferens and the enlarged veins, a figure-of 8 ligature was passed over the ends of the needle, and the bunch of veins was thus compressed. The same proceeding was repeated at the lower part of the scrotum. In each case a piece of thin leather was placed under the thread to prevent any pain that the pressure on the skin might occasion. A considerable extent of the skin of the scrotum and of the enlarged veins beneath it were thus included between the two needles, and the circulation in these parts in a great measure obstructed. A thin knife was then introduced about midway between the two needles, and between the vas deferens and the enlarged veins The knife was directed upwards, so as to divide the integument near the upper needle. A second incision was made to pass downward, so as to divide the skin near the lower needle. A wedge-shaped portion of tissue —skin, enlarged veins, and all—was thus removed, and a very considerable interval was left. Some extremities of divided veins, and some cellular tissue, were removed with scissors, and a clean surface left. It was remarked, that although such an extensive surface was exposed in so vascular a part, yet no hemorrhage followed; this, in fact, was completely controlled by the acupressure of the needles. The needles were now drawn together and maintained in position, and thus approximated the edges of the wound, which was then dressed by a piece of dry lint, and the patient sent to bed.

Mr. Henry Lee remarked that cases of pendulous testicle, as they present themselves in practice, may be divided into three classes: 1, those in which the skin and subjacent tissues are relaxed; 2, those in which the veins alone are enlarged; and 3, those in which both skin and veins are relaxed and enlarged. The first may be remedied by the removal of a portion of the integuments only; the process of cicatrization braces up the surrounding parts, and the evil is thus remedied. In the second class of cases the obliteration of the veins is requisite, and this may be done by subcutaneous section, without any wound in the skin beyond that which is required to admit the thinnest knife. But in the third class, where the skin is much relaxed, the simple obliteration of the veins will not remedy the pendulous condition of the testes. In such instances Mr. Lee recommended an operation similar to that which he had now performed—namely, the removal of a portion of the skin, together with the subjacent enlarged veins. The acupressure of the needles he considered sufficient to insure the patient against hemorrhage on the one hand, and any absorption through the veins on the other. The operation, therefore, although apparently a formidable one, was, he believed, free from danger.

The patient in the above case, we understand, left the hospital at the end of three weeks, and continued to present himself occasionally as an out-patient. The wound cicatrized very firmly, the enlarged veins were completely closed, and the testicle retained very much in its natural position; the testis also, which had been wasted before the operation, regained its normal size. —*Lancet*, June 22, 1861.

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Excision of the Knee-Joint—Recovery with a False Joint and Useful Limb.—On Saturday, May 18, a young woman was brought into the operating theatre of King's College Hospital, whose knee-joint Mr. Fergusson had excised five years ago. For this operation she was admitted January 16, 1856. The disease had begun about two years before, by an injury. She was for a time able to get about on it, but for several months before admission she had been in bed. The excision was performed on March 1, 1856. The patella was not removed, as it was only superficially affected; it was scraped and then replaced. The disease was found to be very extensive, especially of the tibia; and after removing two slices from that bone, Mr. Fergusson removed also a quantity of dead bone by the scoop. The recovery was for a time rather sluggish, but ultimately she got quite well, and was able to attend to her household duties, suffering no inconvenience whatever; she could easily stand on the leg, and could run upstairs or jump off a chair as if she had had no disease and no operation. Up to within five months her health had been quite good. The great feature of interest in this case was, that there was considerable mobility of the joint, which remained to the present time, and which Mr. Fergusson demonstrated to those present. It was the first case Mr. Fergusson had seen in which this had happened. It put an end to the "factious opposition of persons who knew nothing on the subject, and yet declared that no good result could be obtained unless anchylosis occurred, and that this was so rare, that the operation must therefore be considered unadvisable." Since seeing the good result of this case, he (Mr. Fergusson) had been indifferent as to whether the result was osseous or fibrous union.

Mr. Fergusson added that he was now about to operate for disease in the locality of the new joint, but quite unconnected with it. All the parts connected with the first operation were quite sound. She was of a highly strumous habit, and was therefore liable to fresh outbreaks of disease, etc. There was strumous suppuration in the cellular tissue about the upper part of the leg; but after freely exposing the parts, only one small piece of diseased bone, the size of a fourpenny-piece, could be found. From the sinuses a quantity of tenacious strumous matter was removed. Mr. Fergusson believed it was very desirable to remove this, as it acted as a sort of plug, preventing healing. A small piece of bone was picked away from the front surface of the tibia.—*Med. Times and Gaz.*, June 8, 1861.

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Dislocation of the Patella Upwards.—E. C., aged 12 years, a stout, but unhealthy-looking boy, was admitted into Westminster Hospital, 4th April, 1861, under Mr. Holthouse, for lameness and weakness of the right leg, the knee-joint of which was swollen, and the skin over it of an unhealthy dusky-red colour. On examination of the joint, obscure fluctuation was felt; but the swelling appeared to be caused more by a thickened condition of the synovial membrane and skin than by the fluid within the joint, the quantity of which was evidently small. The most remarkable feature of the case, however, was the displacement of the patella, which, instead of occupying its normal position in front of the joint, was drawn up above it, its lower margin being fairly above the articular surface of the condyles of the femur; and lower than this no tractive force could bring it. No rudiment of the ligamentum patellæ could be discovered, either in connection with this bone or with the tibia.

The history of the case was the following: A year and a half ago the boy was playing at leap-frog, when he fell on his right-knee (the rupture of the ligamentum patellæ probably taking place at that moment), and hurt himself so much that he was unable to rise, and was carried to bed. The following morning he got up with difficulty, and went down stairs, supporting himself by the banisters, but was unable to go about, and sat all day with the leg up on another chair. The knee at this time was much inflamed and very painful, and leeches and fomentations were prescribed with benefit. In about a week he was able to go about a little, walking, however, very lame, and having "a lump above the knee," which, he says, has never gone down. No means have been used for restoring this lump, which is the dislocated patella, to its normal position.

The treatment of the case while in the Westminster Hospital was limited to subduing the inflammation of the knee-joint. A splint was applied at the back of the leg, and linseed-meal poultices to the joint in front. He was discharged in about a month, improved as regards the local inflammation, but of course still lame and unable to bear much weight on the limb, or to run, or even to walk quickly, without the support of a slightly-curved splint in the ham and a bandage.—*Lancet*, July 6, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

A New Anæsthetic. Kerosolene.—Dr. Bowditch, recently presented to the Boston Society for Medical Improvement, from Mr. Merrill, a liquid bearing the above name, supposed to possess anæsthetic properties. Dr. Bigelow has furnished to the *Boston Med. and Surg. Journ.* (July 11, 1861), the following account of the result of his experience thus far with it.

"This fluid presents remarkable properties. It is tasteless as water, volatile and inflammable as ether, though burning with a dense white light; of a faint chloroform odour, which, as it evaporates, changes to that of coal tar, and then disappears absolutely and altogether; so that a handkerchief saturated with the fluid has, at the end of a few minutes, when dry, no odour at all, nor has the room or atmosphere where it has been used, any trace of its presence. Both ether and chloroform leave, in different degrees, a persistent, *fade* and stale aroma after evaporation, as is well known. They are also far less agreeable to inhale than this new agent, which has thus an obvious advantage over either of them.

"A few whiffs were sufficient assurance of its efficacy as an anæsthetic, which, with its other qualities, as I ventured to remark, would place the kerosolene beyond any known anæsthetic, provided its use was not followed by headache, vertigo, or other unpleasant symptoms, and provided it should prove as free from danger as ether.

"Subsequently, I inhaled the new vapour, which Dr. Hodges at my request administered. Complete insensibility supervened, lasting several minutes, with some diminution of the volume of the pulse. Its effect was wholly agreeable, leaving neither headache nor nausea, nor bad taste.

"I have this morning administered it to three surgical patients. The first, a girl of 19, presented some hysteric tendencies, having thrust some twenty needles in her leg, was wholly insensible during the extraction of four of those which remained. Yet there was more cough than I had expected from the wholly unirritating odour of the vapour, more muscular rigor than usual in favourable anæsthesia, and more intermittence of the pulse.

"In a second patient, to whom it was given preparatory to an operation upon the face, insensibility was equally complete. But this woman did not take it kindly, and its complete effect was attended by so feeble and intermittent a pulse as to lead me to desist until she had recovered. A second attempt reproduced, with anæsthesia, the feeble and intermittent pulse, and I again desisted. Upon her recovery, I gave her common ether vapour, which she afterwards said was less agreeable, but which was followed by complete insensibility, the pulse beating steadily and full, at 76. Though this patient perhaps succumbed more readily to a third anæsthesia, there seemed to be in the two first trials a certain degree of purple colour and asphyxia, with its attendant spasm, which I have elsewhere described as an occasional and disagreeable symptom of attempted anæsthesia. To guard against this asphyxia, which might possibly have resulted from the folded towel, upon which I habitually administer ether, I tried in the next case an open sponge. The subject required a considerable incision for a mammary abscess, and was a patient of Dr. H. G. Clark, with whose assent I tried the kerosolene. In spite of the open sponge, the symptoms of asphyxia again appeared, suggesting to Dr. Clark before operating their resemblance to those resulting from charcoal gas. The colour was livid, and the rigidity marked. In each of these cases, the quantity used was from one to two ounces.

"In conclusion, it may be remarked of these three cases, that they are insufficient for satisfactory demonstration, and that their common and unfavourable symptoms may well have been but a coincidence; yet they suggest some caution in the use of the kerosolene vapour. It is probably more potent than that of ether, requires a free admixture of air, and may produce upon the system some impression or influence, other than that of the mere intoxication attendant upon the use of ether. In awaiting further evidence, it may be considered established that kerosolene is an anæsthetic of undoubted efficiency, and that it possesses certain remarkable and attractive properties peculiar to itself."

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Clifton Hall.—At a meeting of several members of the Medical Profession of Philadelphia, held by invitation, on Saturday 13th inst. at Clifton Hall, the private asylum instituted and superintended by Dr. Given, they were so much pleased with the ample and convenient arrangements and the attractive and healthful location, that they determined to give a formal expression to their sense of the great value of the undertaking of Dr. Given, and of the gratifying success which has thus far attended his management in establishing and conducting it.

Dr. Jno. B. Biddle having been called to the chair and Dr. E. Hartshorne appointed Secretary, the following preamble and resolutions were unanimously adopted and ordered to be printed in such a manner as might be deemed best.

Whereas: We in common with many of our medical associates, are fully convinced of the importance of a private establishment for the treatment of mental disorders, and have long felt the want in our city of just such a one as we here see around us,

Resolved, That we have watched the progress of Dr. Given's enterprise with very great interest, and now take much pleasure in congratulating him and the whole community upon its successful inauguration and promising condition as evinced by the appearance of the house and grounds and by the favourable results of the last year's operations exhibited in the Annual Report.

Resolved, That in expressing our unqualified approval of properly conducted private asylums, we are gratified to be able to recommend Clifton Hall as combining all the requisites for the safe and efficient treatment of patients suffering from mental disorders, and as therefore commending itself to the attention and active interest of the medical profession.

Resolved, That we tender our cordial thanks to Dr. Given for the handsome manner in which he has enabled us to become acquainted by personal observation with the material advantages of Clifton Hall as a desirable retreat for the insane, as well as for the social opportunity which he has so pleasantly afforded us of uniting in a tribute to the intelligent philanthropy which is evidently the ruling spirit of his excellent establishment.

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Quackery.—One of that class of charlatans who disregard all palpable forms of deception, and at once appeal directly to man's love of the marvellous, is just now turning the heads and rifling the pockets of the chronics and cripples of New York. He discards all remedies, and relies entirely upon the touch of his inspired fingers. He is very devout, and is, of course, anxious to use this divine power for the good of his fellows. His door is besieged alike by the poor and the rich, who find ready admittance. Although he has practised his art for several weeks, there is no marked diminution in the number of the incurables, and still the public furor continues unabated, fanned by the daily papers. Such credulity and actual stupidity as are manifested by those who become dupes of this impostor, are humiliating to witness.—*American Med. Times*, July 20, 1861.

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Malpractice and Deception by a Quack.—A case was recently tried in an interior town, in which the defendant, a quack, was charged with malpractice, in the treatment of disease of the uterus. It was alleged that he was accustomed to diagnose a tumour of the uterus in every case, and that on the first examination he would contrive to introduce, unobserved, a piece of raw meat. He then began to make local applications, and in due time, after much offensive discharge, and no little discomfort, the offending substance would escape, to the great relief of the sufferer. In this case the patient was struck with the resemblance of the tumour to a piece of meat, and took it to a physician, who submitted it to a microscopical examination, when its nature was discovered. The result of the trial was a verdict of $1,000 against the defendant.—*Ibid.*

FOREIGN INTELLIGENCE.

Death of a Physician from Inhalation of Chloroform.—Dr. Mailly has just fallen a victim, at Mauritius, to his desire, not only to inhale chloroform, but to administer it himself. It appears that the deceased (who was greatly distinguished at Paris during his pupilage, and had lately settled at Mauritius) was seized with violent toothache, and requested a dentist to remove the decayed tooth. He insisted on taking chloroform, and applied it to his own mouth by means of a handkerchief, although the operator wished for the presence of a professional brother. Upon a sign being given, the extraction was quickly performed, and the patient moved his head abruptly. Convulsive agitation immediately set in; it soon became very violent; and the unfortunate man expired in spite of the means used to prevent such a melancholy occurrence.—*Lancet*, July 6, 1861.

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An Epidemic of Jaundice in Italy.—M. Martin gives an account of an epidemic of essential jaundice which he had the opportunity of observing among the artillery and engineers of the French army stationed at Pavia during the Italian war. It commenced during the great heats of August, and terminated by the end of October. There occurred 71 cases in an effective force of 1022 men. The causes he considers to have been the unusual heat, which gave rise to great congestion of the liver, the fatigue of long marches (the mounted men suffering oftener in proportion than the unmounted), indulgence in alcoholic drinks, and marsh miasmata. Great increase in the size of the liver in most of the cases, and of the spleen in many, was observed, and all complained of pain in the epigastrium and in the hypochondria. In fact, this last was the first symptom of the approaching jaundice. None of the cases proved fatal. Professor San-Galli informed the author that a similar epidemic prevailed in the town of Pavia at the same time, and that he had met with several cases of cirrhosis of the liver.—*Ibid.*, from *Recueil de Mém. de Méd. Milit.*, vol. iii.

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Subnitrate of Bismuth as an Injection in Acute Gonorrhœa.—Dr. Mouslon, a French military surgeon, as the result of numerous trials, confirms the good account given by M. Caby of the efficacy of this treatment. He mixes twenty parts of well washed bismuth—if not well washed the acid which remains may give rise to irritation—in 200 parts of distilled water, causing as much to be taken up as possible. Some of this is thrown into and retained for ten minutes in the urethra, a local emollient bath being first employed. In only the severest cases is the patient obliged to maintain absolute rest for four or five days, after which he is enabled to return to his ordinary habits and diet. The cure, indeed, takes place more quickly under the use of this agent than that of any other. In chronic gonorrhœa success is less marked, and astringent injections may afterwards be required; while in confirmed and obstinate gleet, occurring in a broken constitution, the bismuth is of no use. M. Mouslon appends to his communication an account of a mode of treating painful chordee which he has found very successful. It consists in desiring the patient to sleep on the belly, having first fixed the penis by means of a piece of linen in the fold of the left or right groin.—*Ibid.*

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Homœopathy.—The following remarks, extracted from an editorial in the *London Med. Gaz.* (May 4th, 1861), in regard to the application of a homœopathic practitioner for the appointment of Physician to Addenbrooke's Hospital, present some views relating to the homœopathic dogma which cannot be too extensively known.

"We need scarcely say that we hope Dr. Bayes will be defeated, and we desire to state plainly the reasons on which we, as representatives of the medical profession, ground our opposition to him. It certainly is not from any love of a supposed orthodoxy, or from repugnance to anything new or strange in doctrine or practice. Medicine has no dogmas except such as are the result of every-day experience, and these are undergoing a daily process of sifting, rejection, alteration, and addition, to suit the daily increase of our knowledge of facts, and of our power of framing such theories as shall embrace those facts. Medicine is a purely sceptical, inquiring, doubting, revolutionary art; it has neither veneration nor love of precedent; and our own times have seen, and daily see, our own body attacking any established doctrine whatever without the slightest compunction. In fact, innovation and progress are the order of the day; and there is not one of us not willing to give up what we think or what we do, so soon as it can be shown that we can think more truthfully, or act with greater benefit to our patients. Among other novelties, homœopathy, at its first introduction, was regarded with considerable favour. The apparent simplicity of its theory, and the striking nature of the one or two facts which were popularly adduced as proofs or illustrations (such as the use of purgatives in curing diarrhœa), really caused it to be received very indulgently; so that the entire theory was carefully studied, and the remedies carefully tried in health as well as in disease, by many of the ablest practitioners of the day; and we will undertake to say, that there is scarcely a member of the medical profession who has not from time to time made experiments on himself and others, in order to test the alleged virtues, whether pathogenetic or curative, of medicines both in ordinary doses, and in that state of minute subdivision in which the homœopathic practitioners allege their virtues to be specially developed.

We should be quite as willing to give the decillionth of a grain of opium as we are a dose of castor oil, provided it would do the work we want it to do. Medicine uses all remedies from every source. It is quite absurd to accuse us of prejudice against new remedies, or new forms or doses of remedies, whilst we are seeking them from every country under heaven, and daily experimenting upon them. But examination soon shows, in the first place, that the fundamental facts of homœopathy are not to be relied on. Medicines do not act pathogenetically; that is, they have not the power, in some doses, of exciting in the human body the symptoms which they relieve in other doses. Mercury does not cause syphilis, nor does quinine cause ague. But mercury does habitually, if given to excess, cause stomatitis, which mercury cannot cure, and quinine a ringing in the ears which no dose of quinine can relieve. The doctrine *similia similibus* is seen here to be a fallacy. Because some medicines sometimes produce certain symptoms under certain conditions, there is absolutely no reason for concluding that they can cure those symptoms under any condition. Besides, the homœopathic allegations prove too much. If their doctrine be true, no disease can ever be relieved by medicine in ordinary doses. Then the observations made by Dr. Bayes, in 1854, on the power of gallic acid in checking hemorrhage would be false. Does gallic acid cause or cure bleeding? If it cause bleeding, his patient must have gone on bleeding under the large doses administered; or else if gallic acid in large doses checks bleeding, then it ought in small doses (such as we get in tea, for example) to cause bleeding, and all persons who take any astringent matter ought to bleed. The homœopathic dogmas as to the virtues of inert substances in minute division, and of the distinction between medicines and aliments, and of the absolute interference of any medicine with any symptom, are contravened by the fact that the carbon and silica and chalk which we imbibe in small doses in London air, do not create the symptoms ascribed to those substances when minutely divided; and that if they did, no other medicine, homœopathic or other, could take any effect whatever in London. Again, it is shown that homœopathic medicines are utterly incompetent to produce the effects required in daily life (such as those, for example, which may be caused with certainty by castor oil); and that the only homœopathic remedy of any notoriety is a concentrated solution of camphor, which has acquired some repute in cholera, but which has no claim to homœopathic action, and is not given in homœopathic doses. Besides, homœopathic practitioners, when ill themselves, or when their patients are really ill, do not scruple to resort to common medicines, which, if their theory be true, would aggravate all the symptoms.

So we oppose the appointment of any homœopathic practitioner on the ground that he is necessarily committed to a certain barren dogma, which admits of no modification; he is not a free man; he has embraced a certain creed, which, if honest, he must take with all its consequences. *We* are free. We repudiate *allopathy*, and *heteropathy*, *antipathy*, and all such absurd words. We study Nature with open eyes. The homœopath comes in fetters. We oppose it further because homœopathy has never added one fact to our knowledge of pathology, nor one remedy to our Materia Medica—it is, as a system, "dynamic" and mystical, whereas medicine is material and rational—it is indissolubly connected with animal magnetism and other sciences of the imagination—it is overloaded with fanciful dogmas, such as the origin of chronic disease in suppressed itch—it is eminently repugnant to the healthy progress of the human mind, and futile as a means of relieving human suffering.

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A Lady among the Students.— [We extract the following sensible article from a very recent No. (July 6, 1861) of the *Lancet.*]

"The apple of discord is to be cast into our hospitals. A lady — *teterrima causa belli*—has penetrated to the core of our hospital system, and is determined to effect a permanent lodgment. The advanced guard of the Amazonian army which has so often threatened our ranks, on paper, has already carried the outposts and entered the camp. A lady, of admirable purpose and highly to be respected for her excellent bearing, has advanced so far as to have taken courses of Materia Medica and Chemistry at the school of the Middlesex Hospital. It is understood that this lady has also applied for cards of admission to the courses of Anatomy, Physiology, and other winter lectures and demonstrations. How should this fair intruder be received? Is she to be welcomed as on all other occasions we should welcome a lady, and desire to aid a woman aiming to benefit her sex not less than herself? Or should we resist the charge of parasols, and run the risk of 'taking our quietus with a bare bodkin?' What has already occurred may afford some guide for our conduct. The practical inconveniences, the improprieties, and the anomalies attending the introduction of ladies amongst the classes of male medical students have been so strongly felt, that the students at Middlesex Hospital have revolted against the innovation, and petitioned the lecturers against permitting its continuance. The majority of these gentlemen concurred in the feeling of the students, and the further desired privileges have not been accorded. We all know how far enthusiasm may blind the eyes of those whom it influences; and this lady may be pardoned for being led to overlook the extreme inconvenience of her position, although so palpable to others. It is possible that, under the influence of a purely scientific and theoretic impulse, she might attend, with steeled and modest indifference, courses of lectures in which organs and functions are habitually demonstrated and discussed, such as cannot, in the opinion of the students and lecturers, or in our opinion, be prudently exposed in the presence of a mixed audience. It is only an evidence of this perfect abstraction and scientific earnestness that this lady is able calmly to go through the manipulations of sounding for stone in the male bladder; and it is probable that she might voluntarily pass through ordeals of a yet more trying nature with an equally successful impassibility. We repeat that a universal feeling of respect prevails for the character, intentions, and demeanour of this lady. But even with these advantages, and while invested with the peculiar sanctity which guards her as an apostle and in some sense a martyr in behalf of her weaker sex, of whom she seeks to vindicate the rights, her presence gives rise to incidents necessarily painful to others; and the success of her attempt, if it popularized the movement, could not fail to be yet more compromising. She is perfectly in earnest, and clearly insensible to the unpleasant feelings which her presence must arouse; for, undaunted by her failure at Middlesex Hospital, and by the rejection of her offer to endow the school with £2000 as a foundation for a female medical scholarship, she has made application at other hospitals. Her present appeal is, we believe, to Westminster Hospital. But the same principle is obviously involved, wherever the question is to be carried. We do not apprehend that the lecturers and students at Westminster Hospital are likely to differ in opinion from those of the Middlesex. When all that can be said in favour has been heard, there will remain the unalterable sense of impropriety in mingling young women with young men in classes destined to hear and see daily sights, descriptions, and explanations which cannot be endured by men in the presence of women, without a violation of all the relations of sex which are essential to the well-being of our social system, as at present framed. It is not our intention to discuss the question of the advisability of educating women for the medical profession. We have already expressed a negative opinion, based upon present conditions and natural endowments, not less than upon the experience of ages. But, however opinions may differ upon that point, we anticipate an almost unanimous condemnation of the effort to introduce young women into the classes of medical students at our hospitals."

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Obituary Record.—Died, in London, June 13th, 1861, of confluent smallpox, Henry Gray, F. R. S., at the early age of 36. Mr. Gray was the Lecturer of Anatomy at St. George's Hospital. He is well known in this country through his valuable "Descriptive and Surgical Anatomy," and through his prize dissertation "On the Structure and Use of the Spleen." In his death our science has sustained a severe loss.

—— on the 11th of June, Benjamin Phillips, F. R. C. S., F. R. S., &c., aged 56, formerly Surgeon and Lecturer on Surgery at the Westminster Hospital. Dr. P. was a most accomplished surgeon, an admirable lecturer, and much esteemed for his private virtues. A bright prospect of fame and usefulness was opening before him when his health failed, and he was obliged consequently about eight years ago to retire from the active duties of the profession. He was the author of a valuable work on scrofula, a treatise on fractures, which obtained the Jacksonian Prize, a treatise on strictures of the urethra, of several valuable papers published in the Transactions of the Royal Medical and Chirurgical Society, &c.

—— recently, at Weimar, of apoplexy, Dr. Robert Froriep, well known as professor at Jena and Berlin, and as a large contributor to periodical literature.

—— recently, very suddenly, while apparently in the most robust health, it is supposed from the rupture of a large vessel of the heart, Dr. Rilliet, of Geneva, well known by his valuable and classical work "On the Diseases of Children," written in connection with Dr. Barthez.

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SIMPSON, LECTURES ON THE DISEASES OF WOMEN, 16 PAGES.

CLINICS.

LECTURE.

Lecture on Cerebral Symptoms independent of Cerebral Disease.—Delivered at the Hospital for Sick Children, Jan. 26, 1861. By Charles West, M. D., Physician to the Hospital.

Gentlemen: When, last year, my colleagues and I had the honour to give a few lectures in this place on some of the ailments peculiarly incidental to early life, I called the attention of those who were present to cases of by no means rare occurrence in which disturbance of the functions of the nervous system was likely to raise an unfounded apprehension of the existence of cerebral disease.

I then passed in review three different classes of cases in which temporary disorder of the brain either attended the onset of fever, or accompanied the progress of acute inflammation of the thoracic viscera, or was associated with diarrhœa, dysentery, or some other acute affection of the digestive organs.

From want of time, however, I was compelled to leave unnoticed that large and important class in which, during the course of various chronic ailments, symptoms of disturbance of the nervous system give rise to needless apprehension lest they should betoken serious disease of the brain.

It is to these that I propose calling attention to-day; and, if there be among my audience, as perhaps there may, some who have for years been engaged in practice, I must entreat them to bear with me if I tell them nothing more than they have already been taught by their own experience. I could wish, indeed, for no higher commendation, for no more conclusive proof of the usefulness of what I may endeavour to teach to the junior members of our profession,

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than that my compeers and my seniors should have already found it all out for themselves.

The first set of conditions in which I have observed anxiety excited among non-professional persons, and occasionally among medical practitioners also, is when marked impairment of the intellectual powers, or marked alteration in the disposition, follows on convalescence from some serious illness, such illness having usually been of a febrile character, and probably having been typhoid fever more frequently than any other disorder.

Now, with reference to all these cases, it must be borne in mind that the younger the child, and the humbler its acquirements before the attack, the more far reaching will be the apparent results of any such illness. The disorder that befell the child who had not yet learned to speak, will postpone the attempt for months. It will reduce the little prattler, who had used its newly-acquired powers for a few months, to silence for several weeks, while it will manifest its effects in the older child by taciturnity, apathy, and indifference to its ordinary pursuits.

These effects are far more striking in the child than in the adult, not only because a similar impression produces a far deeper influence on the more fragile than on the stronger being, but also because the processes of growth and development, complete in the adult, are still in progress in the child, and after their interruption by disease, provident Nature cares first for the essential—the repair of the body—and does not till afterwards expend her energies in restoring the vigour of the mind.

Moreover, I remember no instance in which typhoid fever, or any other disease of which cerebral disturbance has not constituted a main feature, has been followed by permanent enfeebling of the mind, or by the development of disease of the brain, save indirectly by the production of tuberculosis and the subsequent supervention of tubercular hydrocephalus. It is, then, towards this point that attention should be mainly directed, and if the general nutrition is carried on well, no temporary dulling of the mind, no waywardness of the temper need make you falter in your assurance that time will set all right again.

At various epochs of development, symptoms not unfrequently appear which excite apprehension of cerebral disease, such symptoms consisting chiefly in altered disposition, in intellectual dulness, in irritable temper; but we shall, I think, usually interpret their meaning rightly by observing two things. They are moral and intellectual, much more than physical, in their nature, and they either coincide with, or follow, some definite stage of bodily development, such as the second dentition, or, in after age, the first efforts at pubescence, while, moreover, they are too variable, both in kind and degree, to tally with the indications of any definite organic disease of the brain itself.

Similar symptoms occur sometimes as the result of overtasking of the mental powers; and this not always by work excessive in itself, but excessive with reference to the then condition of the child, who may at one time be unequal to the amount of work which, a few months before, it was able easily to accomplish. The nature of the child's studies, too, sometimes overtasks its powers even more than the number of hours devoted to them, and, in such circumstances, the mere altering their nature, even though unaccompanied with any diminution in the time occupied by them, will often suffice to set matters completely right.

It is usually in connection with the development of the system which accompanies the second dentition that we meet with the severe neuralgic headaches of dyspeptic children. The history of such cases is usually something of the following kind: A child, whose general health has never been robust, whose nutrition is but imperfect, whose bowels are sluggish, and liver inactive, has occasional attacks of pain in the head; the pain is, for the most part, referred to the forehead, is attended with some intolerance of light, with sense of sickness, and, in some instances, with vomiting. It is usually very severe, so that the child seeks for perfect quiet, for a darkened room, and often asks to go to bed, where the attacks often subside after a short sleep, in the course of a few hours, though sometimes it is not until after a night's rest that they pass away completely. On the day after an attack, however, the child seems in his usual health, though slight over-excitement, over-fatigue, or mental effort will reproduce the pain, as will any error in diet, or want of attention to the state of the bowels. Independently, too, of any exciting cause, the attacks are apt to come on spontaneously every fortnight or three weeks, and their frequent recurrence at length excites the apprehension of the relatives of the patient, who cannot believe but that such frequent returns of severe suffering must needs imply the existence of formidable disease.

It is not easy to say how long, in any instance, these symptoms may continue. They are obviously dependent on the state of the general health, with the improvement of which they diminish or altogether disappear. The period of their most common occurrence seems to point to some connection between them, and the general state of the system which accompanies the evolution of the teeth; but they do not seem dependent, as some convulsive affections of infancy and childhood appear to be on the local irritation of one or two teeth in particular, ceasing as they pierce the gum. If I were to seek for an analogy, I should find it rather in that condition of the general health which in the girl at puberty accompanies the difficult and tardy development of the menstrual function, and which improves when that process is complete, and the function fully and regularly established. In confirmation of this view, I may add, that while in the boy it is very unusual to observe this headache occur at the period of puberty, in the female sex the same kind of suffering not seldom recurs at that epoch, and sometimes, as we all know, continues in the woman even during the whole time of sexual activity, each recurring menstrual period being attended by intense headache, with much gastric disorder, though perhaps with little uterine pain, sometimes, indeed, with no pain at all referred to the sexual organs.

Pain in the head, accompanied with more or less intolerance of light, sickness, and constipation, are, as I scarcely need remind you, the symptoms that ordinarily usher in tubercular hydrocephalus; and though the knowledge of the public is inaccurate, they yet have a vague notion that such as these are the ordinary accompaniments of water on the brain, and they will come to you for a solution of their doubts, and a relief of their apprehensions. Now, I confess that, in many instances, the off hand answer which is most desired is impossible; while, unluckily, there is no infallible criterion by which the caution suggested by wise observation can be distinguished from the hesitation of untaught inexperience. Anyhow, it is worth while to have impressed on your mind the fact that the symptoms I have just enumerated do not *always* have so grave an import as commonly belongs to them, and that it is worth while to pause in every case before assigning to them their most untoward meaning.

These symptoms are for the most part observed a little later in life than the age at which tubercular hydrocephalus is most frequent, and they usually coincide with the progress of the second dentition. Further, although they are generally observed in children whose digestion has been liable to frequent disorder, and who are comparatively ill-nourished, the headaches are not preceded by that progressive loss of flesh or deterioration of the general health, which, in many cases, though confessedly by no means in all, precedes the development of acute hydrocephalus. Moreover, it will often be found that the headaches have continued to recur at intervals for weeks or months before the patient came under your notice, and that yet no progressive deterioration has been taking place in the child's condition, that the headaches are not more intense, that no fresh symptom of cerebral disorder has supervened; but that such as they were months before, such they continue still. The attacks of headache themselves present some characters by which they may be distinguished from those whose import is more formidable. They are not attended with any remarkable increase of heat of head, nor with any marked pulsation of the carotids. The pulse, though quickened, is rarely unequal or irregular; the bowels, though constipated, answer comparatively readily to aperients; actual vomiting is unusual, and the nausea even rarely outlasts the seizure. Stimulants, too, not unfrequently relieve the pain, instead of aggravating it, and though excitement or over fatigue may have brought on the attack, yet a tale that interests or arouses the child, or any occurrence which brings to it much pleasure, often dissipates the pain completely; while, moreover, the spirits in the intervals become as buoyant as ever, and continue so until the next attack, a marked contrast to the anxiety and depression which often precede for weeks or months the onset of the acute stage of tubercular hydrocephalus.

Pure neuralgia, like the neuralgic headache of the adult, though less common than this sick headache, if so I may term it, is yet sufficiently frequent to need being borne in mind, when the question arises as to the import of symptoms supposed to indicate cerebral disease. The headache in these cases is usually frontal, and care is therefore the more necessary, since there is no doubt but that continued frontal headache is a very frequent accompaniment of organic disease of the brain, and especially of tubercle of that organ. The severity of the pain, the suddenness of its onset, the completeness of its cessation, the fact that its recurrence for days is attended by no progressive deterioration in the patient's condition, all furnish a clue to its real nature. Moreover its supervention after exposure to malaria, and a certain ill-marked periodicity in its return, are circumstances which will serve in many instances, no less than the absence of other signs of disease of the brain to guard against, too hasty, or too positive an expression of an unfavourable prognosis.

There is besides another large class of cases, in which the occurrence, not merely of vague indications of cerebral disorder, but of violent convulsive attacks, excites alarm, proportionate rather to the formidable nature of the symptoms, than to the importance of the cause on which they really depend.

One of the most remarkable instances of this class which I have ever met with, was furnished by a little girl, 6½ years old, who suffered much from ascarides, on account of which she came under my care on September 16, some years ago. She had benefited somewhat by aperient and other treatment, when on the evening of October 7 she complained of pain in the chest; and at eleven in the evening, having then been some hours in bed, she was seized with a fit, which did not entirely cease till two o'clock the next morning, when she fell asleep, and awoke apparently well about seven o'clock. At nine a second fit occurred, which lasted till eleven; and from that time till the afternoon of the eleventh, fits continued to recur, having at no time a longer interval between them than six hours.

The fits were not quite like ordinary epilepsy; they began with slight rolling of the eyes, and twitching of the mouth, to which succeeded very rapid movements of the throat as if in efforts at deglutition, and these movements became soon accompanied by a sound somewhat between that of a sob and a hiccough, and not unlike the sob of a hysterical patient. During this time the pupils became dilated, the pulse feeble, and the child partially insensible, but she never became absolutely so, and complete consciousness returned long before the spasmodic movements ceased, or the convulsive sound in the throat subsided; the child when asked if she was in pain, pointing to her throat. Very active purgation, during which a large quantity of ascarides was expelled, was followed by the cessation of the convulsive attacks; but for nearly thirty-six hours afterwards, the child complained of pain in the throat, and swallowed difficultly and with a sort of convulsive effort.

Now, how formidable soever the symptoms of disorders of the nervous system may be, it is a rule, subject, I think, to but very few exceptions, that the more anomalous such symptoms are, the greater is the probability of their depending not on grave organic disease, but on some excentric and generally removable source of irritation. In infancy we are so aware of this fact, that when convulsions occur, our first impulse always is to seek in some excentric disturbance for their occasion. I think, however, that we are too apt to forget that this peculiar susceptibility continues, to a great degree, through all the years of childhood.

In the case just related, the presence of a large quantity of ascarides produced a succession of violent convulsions, which ceased permanently on their complete expulsion. Sometimes, however, the irritation occasioned by the existence of worms in the intestines has more of an intermittent character coinciding with the movements of the parasite, and subsiding for a time on the expulsion of a lumbricus, or the returning quiescence of the tape-worm.

A little boy, 7½ years old, nervous, excitable, ill-managed, and liable to night-terrors, woke at four o'clock one morning, crying; the cries were soon succeeded by an attack of convulsions, which differed from an ordinary epileptic seizure, it being attended by a less profound degree of insensibility than ordinarily accompanies it. For a few weeks the child continued peculiarly excitable, wayward, and fretful, two more convulsions then occurred, soon after the last of which he voided a large lumbricus. This occurrence was followed by a marked improvement, which lasted for a few weeks. The old symptoms then returned, followed by another convulsion, and then another lumbricus was expelled, once more with an amelioration of the symptoms, and a second cessation of the fits. Whether the improvement was permanent, or whether the former symptoms returned, I cannot say, as I lost sight of the patient, but enough has been told of the child's history, to show the connection between the intestinal irritation produced by the worms, and the violent disturbance of the nervous system.

Though I have given these illustrations of nervous symptoms dependent on the presence of worms, and it would not be difficult to add to their number, it yet is not out of place to caution you against assuming the presence of worms merely because such an assumption furnishes you with the readiest clue to the meaning of certain symptoms of cerebral disorder which you do not find it easy at once to account for. I have seen the early stages of acute hydrocephalus referred to worms, just as I have seen the indisposition which ushered in typhus fever referred to them, without the slightest evidence of their existence, but out of mere mental indolence on the part of the practitioner which indisposed him from careful observation or thoughtful consideration, and led him to take up with the hypothesis which served most readily to relieve him from the task of watching and reflection.

When symptoms of cerebral disorder depend on the presence of worms, there has almost always been ample evidence of their existence before the nervous system became gravely disturbed by them. In the few exceptions to this rule it may be asserted almost positively that their appearance will follow nearly at once on the cerebral disorder which awakens our anxiety and the alarm of our patient's friends. Moreover, the observation I have just made as to the influence which the anomalous character of symptoms fairly suggests, may be borne in mind in all doubtful cases with much advantage; and the question deliberately propounded to yourselves, "Of what definite disorder of the brain or nervous system are these symptoms; or in what respects are they anomalous and discrepant?" will often save you from many grave errors and many useless regrets.

We are all so familiar with the occurrence of convulsions during the first dentition, that in infancy the risk is rather of the grave disease to which they are possibly due being overlooked, than of the influence of teething in their production being underrated. On the other hand, the occasional share of the second dentition in exciting epileptic or other convulsive seizures is too little borne in mind, and a graver prognosis than the event justifies is sometimes expressed in consequence.

In a little work on Dentition[1], published some years ago by my friend and former colleague, Dr. Ashburner, there are many cases related illustrative of this fact. Of these I will select the following:—

"A boy, twelve years of age, was cutting the second or posterior permanent molars of the upper jaw before those of the lower, and the process was accompanied by twitchings of various parts of the body. At last he became affected with chorea. Being a very nervous lad, if any notice were taken of him, he would quite involuntarily make the most extraordinary faces, and contort his body into various attitudes that appeared to be most difficult and painful. This chorea continued for three months, during which time a variety of medicines were swallowed. At last he fell into an epileptic fit, struggling much, foaming at the mouth, and grinding the teeth. I thrust my fore finger along the inside of his cheek, and found a hard, cartilaginous space on each side, behind his first molar tooth. I succeeded in gashing these parts. He uttered a scream and fell out of his fit, becoming quite sensible, nor had he a recurrence of his chorea."

So sudden and complete a cessation of symptoms on the removal of the mechanical irritation produced by the pressure of a tooth is decidedly an unusual occurrence. In by far the greater number of instances, the symptoms of disorder in the nervous system do not admit of being cut short thus suddenly and decisively; they depend not simply on the local irritation produced by one particular tooth, but, like the headaches which I spoke of at the commencement of this lecture, they are the result of the disturbance of the nervous system, to which the whole process of development has given rise, just as, in later life, the hysteria of the young woman is connected with the imperfect accomplishment of the sexual function, and is not removed by a single occurrence of menstruation.

To this class of cases may be referred

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[1] On Dentition, etc. 12mo. London, 1834, p. 97.

the history of a boy between eleven and twelve years old, whom I saw some years ago. While, apparently, in good health he was attacked by a fit one morning, in which his head was drawn to the right side. His face was distorted, especially its right side, and his right arm was in much more violent movement than his left. This fit was not preceded nor followed by sleepiness or headache, nor was it attended by any loss of consciousness, and the same characters were observed in all his subsequent seizures except one, which—the third in order of occurrence—was followed by temporary delirium for five or ten minutes. With the exception of the first and third of these attacks, all the others ceased in a minute, and the instant the spasmodic movements subsided, the boy resumed his former occupation, as if nothing had happened. Only once did more than one seizure take place in the course of twenty-four hours; but the intervals between two attacks were very irregular; sometimes eight days had passed without an attack, while, at other times, they recurred daily for three days; and, altogether, between the beginning of July and the end of December, more than fifty occurred, with no alteration of their character or increase in their severity, while neither the boys' health nor his intellect appeared to have suffered in any respect from the affection. One point observed with reference to them—which, I may add, is often noticed in cases of epilepsy—was, that they almost invariably happened soon after rising in the morning, generally between the hours of seven and nine o'clock.

At first, he was actively purged, but with no effect; he then took the valerianate of zinc likewise fruitlessly; and then, as he was cutting the second molar tooth in the right side of the upper jaw, and as there was much tenderness of the gum over it, the gum was freely lanced, and all treatment was suspended. No amendment followed this measure, and the boy was, therefore, put for a time on the nitrate of silver, but with no results.

The idea which had been entertained of the possible connection of the attacks with the process of dentition appeared to me still to be the most probable, and for the following reasons: That, in spite of the continuance of the attacks, there had been no such deterioration in the boy's condition as might have been expected if they had been dependent on cerebral disease; that no impairment of powers over the affected side had followed the attacks, while such an occurrence would have inevitably occurred if the attacks had been dependent on tumour or tubercle in the brain; that headache was completely absent, and all the general functions were perfectly well performed; while, further, the anomalous character of the attacks themselves seemed still further to point to some excentric source of irritation.

On looking into the boy's mouth, the teeth in the upper jaw were observed to be very crowded and overlapping each other; the first molar on the left side was decayed, the second molar was still beneath the gum. I advised the extraction of the decayed tooth, and lancing the gum over the second molar, while all medical treatment besides should be discontinued. Before these measures were adopted, the boy had six consecutive attacks in the course of one day; two of them being very severe, and attended like ordinary epilepsy, with loss of consciousness. The extraction of the decayed tooth was followed by immediate diminution in the convulsive attacks, both in point of frequency and severity, and the improvement lasted for nearly two months. The second molar tooth was then partly through the gum, when a succession of seizures, some of them accompanied with loss of consciousness, once more took place. Free lancing of the gum was succeeded, as before, by immediate improvement, and not only so, but the tooth being now quite through the gum, all spasmodic movements of the arm ceased, and occasional slight twitchings of the face were the only relics of symptoms which had seemed so formidable.

One caution, which this case suggests, I cannot forbear to offer, although it is not immediately connected with the subject of this lecture. It relates to the possibility of attacks of this nature, and still more of those of a more decidedly epileptic character, becoming permanent as the mere result of frequent recurrence, and this quite independently of the existence of any organic mischief in the brain. Thus I have seen instances in which the convulsions that originated in whooping-cough, have outlasted the disease that occasioned them, and the fits which at first were due to some error in diet, reproduced again and again by similar though perhaps smaller indiscretions in the same respects, until they became at length habitual. Each fit, too, leaves the child more predisposed to its occurrence, and from slighter and still slighter causes; so that never is the old Latin adage, *Obsta principiis*, more important than in the case of the convulsive diseases of early life.

In the majority of cases of chorea no diagnostic difficulty arises; the irregular movements of the limbs, the strange grimaces and gesticulations, sufficiently characterize the disease. Now and then, however, though the movements of the limbs are very slight, or partial, the speech is much affected, and the child, partly, perhaps, in consequence of the difficulty in communicating its ideas, becomes dull, low-spirited, and apparently sullen, and apprehensions are thus excited lest these unusual symptoms should betoken disease of the brain.

A boy, aged 8½ years, whose health had always been delicate, though he had suffered from no special illness, seemed feebler than usual when he returned from school for his Christmas holidays, and his mother's anxiety was excited all the more with reference to his indisposition from the circumstance that his father had died of consumption. In the course of a fortnight from his return home, it was noticed that power over his right hand was much impaired, and three days after, power over his right leg failed also, and his speech became at the same time much affected. The speech grew rapidly more and more unintelligible, the boy stumbled when walking, and occasionally fell, and there were slight twitchings of the muscles of the right arm and leg, though these were at no time remarkable, and the face was never distorted. With the progress of these symptoms, too, the boy, never very quick, had become peculiarly dull and apathetic, so that it was not to be wondered at if the attention of his friends became fixed on those symptoms which were of the gravest import, and were apprehensive lest they should betoken disease of the brain.

Close inquiry, however, elicited facts that seemed to warrant the more hopeful view which the event of the case fully justified. There was no complaint of headache, there had been no sickness; the pulse, though feeble, was not at all irregular; the tongue was protruded straight; the pupils were equally dilated, and equally susceptible to the influence of light; the movements, which ceased completely during sleep, were unaccompanied by any rigidity or contraction of the muscles of the affected limbs, and close observation discovered that though extremely slight on the left side, the irregular movements did affect both sides of the body. In a week or two more the affection of the left side became quite as marked as that of the right, deglutition, too, as well as speech, became affected, and the anomalous symptoms merged into those characteristic of an ordinary attack of somewhat severe chorea, from which under general tonic treatment the boy recovered, the brightening of his mind preceding, as I have seen it do in other instances, the amendment of the purely choreic symptoms.

I have seen, two or three times, a peculiar spasmodic affection in children which, though I believe it to be of no serious moment, yet has attracted attention, and excited anxiety by its singularity. It consists in the extremely frequent occurrence of involuntary sighing respiration: the child, who seems otherwise in tolerable health, and who follows his usual occupations and amusements, though listlessly and languidly, fetching a deep sigh almost every second or third inspiration, with a most painful and depressing monotomy. All day long the sighing continues, ceasing, indeed, at night when sleep is undisturbed, but beginning again in the morning. No external condition appears to check, or indeed much to modify it; it is usually worse when the child has been long without food, but eating does not put a stop to it, and the child sighs, as if most woe-begone, between each few mouthfuls that he takes. Once I saw the sighing followed by a causeless attack of difficult breathing similar to the nervous dyspnœa of a hysterical patient, but usually from beginning to end the sighing continues the only symptom of illness. The attack comes on gradually, and subsides in the same manner. In the instances which I have seen, however, it did not continue for much above ten days with such distinctness as to force itself upon observation, but abated by degrees under the employment of mild tonics, and of attention to the digestion, which usually is more or less disordered.

I have never seen it associated with other symptoms pointing to disorder of the brain, nor have I known it issue in any graver ailment, but its singularity has excited fears which perhaps this mention of it may serve to allay.

I must not close this lecture without some reference to a very important class of cases, to which, indeed, I hope on a future occasion to call your special attention, where the loss of power over some of the muscles raises the suspicion that the brain is the seat of serious disease. In the adult, we are familiar with the occasional occurrence of partial paralysis, especially of fascial palsy, independently of cerebral disease. We can therefore the more readily understand how a similar occurrence may take place in the more sensitive and delicate frame of the child without any abiding disease of the nervous centres. Those slow processes of disorganization which, affecting the brain, in the adult produce palsy, sometimes of one part, sometimes of another, so that we look on the impaired power of movement as the attendant commonly on some grave disease, and the harbinger of its fatal issue, are of extreme rarity in the child. Tumours, almost invariably tuberculous, within the brain, or disease of the spinal column extending from without inwards, until by its advance the cord itself becomes implicated, are almost the only conditions in which paralysis in childhood depends upon mischief seated in the nervous centres. In the young, the loss of power is indeed uncertain in its issue, as far as the complete recovery of the patient is concerned; it is grievous in its results, for it often leads to permanent deformity; but it is very rarely that it need excite apprehension with reference to life, or health, or intellectual power. In the grown person, the import of paralysis is commonly of the gravest kind, subject, indeed, to exceptions, of which fascial paralysis furnishes the most frequent illustration. We are bound, indeed, to scrutinize each case most carefully; but in the grown person, our inquiry commonly resembles that which the Judge puts to the condemned criminal when he asks him whether he has anything to say why sentence of death should not be passed upon him. In the child, care, too, is needed not to overlook some peculiarity in the case which may attach to the loss of power a worse than its wonted significance; but yet you will do well to remember that life is very rarely threatened by paralysis in early life; that organic disease is the rare exception, not the ordinary occurrence. It will save you much useless anxiety, and your patient's friends much needless sorrow.

And now, gentlemen, I have done for today—a short lecture of fragments of imperfect knowledge, gleaned here and there from an occasional success—oftener still from mistake and failure. Bits of cases, seen once or twice or three times, rarely watched from their beginning to their end, such are the materials out of which a medical experience is formed. Scant materials and an unskilled workman, and so there is formed but an unsightly structure. It is one, however, which, well or ill, each must rear separately for himself, and can in the building appropriate comparatively little of the labours of his predecessors. And yet the large quantity of materials which this Hospital affords remains still, after the lapse of nine years, almost unworked. My colleagues and I may tell something of what we believe that we have learned; but our wish, and the wish of the founders of this Hospital is, that some of the younger members of our Profession would come here and learn more and learn better for themselves. We promise you that in the endeavour no help which we can give shall be wanting.

HOSPITAL NOTES AND GLEANINGS.

Rare and Anomalous Affections of the Nervous System.—Diseases of the nervous system often manifest themselves in what we might almost call so curious a manner, that, in the present state of physiology, the record of them seems more like collecting curiosities than illustrating practice. We must, however, remember that affections—for instance, cases of circus-movement—which, being so rare, were necessarily little studied, and yet so extraordinary that they forcibly claimed attention, have, by the advance of physiology, been made out to depend on definite lesions of certain parts of the nervous system, so that, by experiment, we can produce in animals the phenomena of disease. The writer lately saw a patient, a man, aged 33, under the care of Dr. Kitching, of York, who when placed in the middle of a room would at once begin to turn from right to left, the heel of the left foot being the pivot, and remaining in the same position. He is insane. When led back to his couch, he knelt before it, burying his head in his hands. His mental defect rendered it very difficult to ascertain the facts of the case very clearly. He says he "is told to do it," which probably is the only language or idea into which his insane mind can translate the necessity under which he feels that he labours. This case will, we believe, be fully reported in this journal.

We recorded, a few months ago, a case under the care of Dr. Brown-Séquard, in which a man being apparently otherwise healthy, applied in order to obtain relief from a constant tendency of his lower jaw to fall, except when he was either talking or eating. Dr. Brown-Séquard mentioned the case of a patient who would now and then involuntarily clasp his hands over his chest.

The following is a case the interpretation of which would, at one time, have presented great difficulties. A man was admitted under the care of Dr. Brown-Séquard who had an accident twenty years before, by which he injured the cervical spine. He had had ever since considerable loss of motor power and hyperæsthesia on the left, and anæsthesia on the right side of the body, the face excepted. A short time ago a patient whose case is somewhat similar, but in whom the paralysis has followed injury by a knife in the cervical region, attended Dr. Brown-Séquard's practice. In this case the various symptoms due to lesions of one lateral half of the cord were most prominently exhibited. On Monday last we saw another case of extreme rarity, *i.e.*, recovery after apoplexy into the spinal cord. The man says that, many years ago, he fell down suddenly insensible, and when he recovered consciousness, about half an hour afterwards, he found that the whole of his body was completely paralyzed, both as to sensation and motion, except above a line drawn round the neck from about the level of the second cervical vertebra. He has gradually recovered, but there still remains sufficient defect of sensation and motor power to confirm his statement of his condition after the fit. We hope to be able to place the details of these interesting cases before our readers.

A patient applied at the Royal London Ophthalmic Hospital lately for paralysis of the third nerve and frontal branch of the ophthalmic division of the fifth nerve. He said that he had frequently a tendency to laugh without cause: he could with difficulty restrain himself, and was in the habit of putting his hand over his mouth to do so. Dr. Paget, of Cambridge, has recorded a case in which, among many other anomalous symptoms, frequent bursts of unmeaning laughter was a complication of epilepsy. At a late visit to the Hospital for the Epileptic and Paralyzed, we saw a patient of Dr. Ramskill's of whose case the following are brief particulars: a young man, aged 18, of good general health, had a spasmodic drawing in of the fingers and thumb of his left hand, especially when his attention was directed to it, his thumb being firmly contracted on his palm. There was no choreic movement of the rest of the arm. There was no paralysis, and the muscles of the forearm, both extensors and flexors, were very strongly developed, much more so than on the healthy side. It is probably a case analogous to what is called "writers' palsy," or properly, spasm.

On December 1, 1860, we recorded a case from Dr. Brown-Séquard's practice. A man, aged 33, was unable to write, from spasmodic flexion of the thumb. In this case the thumb only was at fault, but at one time the whole of the hand had been affected, just as is now the case in Dr. Ramskill's patient. In both the cases there is a history of former disease of the nervous system. Dr. Ramskill's patient, when very young, had paralysis of the left side of the body, following some kind of fit. He, however, recovered, with the exception of the spasmodic closure of the hand, and that the left leg was not quite so "good" as the right. He appeared, however, to walk well, and his general health was very good.—*Med. Times and Gaz.*, Aug. 3, 1861.

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Hæmatoma situated over the Symphysis Pubis, attributed to Pressure.—MR. PAGET, in his work on Tumours, under the name of hæmatoma, describes a sanguineous cyst, characterized by the presence of fluid blood, generally altered in character, and occurring about the neck, the anterior part of the thigh, the leg, the shoulder, and the pubes. An example in the last-named situation is on the eve of discharge from the above hospital, of which the following is a brief history:—

George D——, aged thirty-three, a farrier by occupation, was admitted Feb. 18th, 1861. On Dec. 26th, 1860, he felt some pain over the pubes, and observed that he had a swelling there, which almost incapacitated him from work. He is in the habit, in the pursuance of his avocation, of having a horse's leg between his own, and commonly there is much pressure exercised against the pubic symphysis, and occasionally he receives some smart blows there during the struggling efforts of the horse at the time of being shod. On his admission, the nature of the tumour seemed doubtful; it had a sort of semi-fluctuating feel, and in some respects simulated malignancy. Mr. Erichsen made a puncture in it at the latter end of April, and found that the tumour was a cyst containing nothing but coagulated blood. This did not suppurate, but gradually became absorbed; by the 1st of May it had wholly disappeared, and the patient was shortly after discharged quite well.

He was readmitted on the 5th of July, not for the pubic tumour, but for pain in the pubes, shooting backwards through the body, and running down the thigh. There was a little fulness in the situation of the old sanguineous cyst, but this was now attributable to some thickening of the areolar structures, the result no doubt, of the continued pressure sustained in his vocation. A few days' rest and quiet, without any special treatment, have removed the pains complained of, and he is about to be discharged a second time from the hospital.

The formation of these sanguineous cysts, according to Mr. Paget, occurs in three ways: by hemorrhage into a previously existing cyst, by the transformation of a nævus, and by the obliteration of a vein, which becomes dilated into a cyst. In the present instance, the formation of the hæmatoma may be attributed to either the first or the third; the first seems the more probable, for the effects of pressure may have caused a bursal cyst to grow, which, by a blow or otherwise, became sanguineous. When hæmatoma attains to anything like considerable magnitude, it is very liable to be mistaken for medullary carcinoma.—*Lancet*, July 20th, 1861.

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Tetanoid Symptoms in a Case of Aural Disease.—If the tetanoid symptoms which suddenly supervened in the following case were the consequence of an exacerbation of the aural symptoms, chronic since childhood, then it must be regarded as an almost unique example of complicated aural disease; for on looking over the records of aural surgery, we cannot find that opisthotonos has followed otitis with profuse discharge from the ears. Most probably the coexistence of the tetanoid and aural diseases was a mere coincidence. The case, however, possesses some interest from the readiness with which the opisthotonos subsided on the exhibition of purgative remedies.

For the following short notes we are indebted to Mr. Chas. J. Meyers, clinical clerk:—

John P——, aged twenty-four years, was admitted into Charing-Cross Hospital under Dr. Willshire on the night of the 28th of April, with tetanic symptoms. It appears that when a child he had an attack of scarlatina, and during its progress tenderness of and discharge from both ears occurred. The subsidence of the fever brought no relief from the aural trouble, which has continued in a chronic form until the present period, the general result being that he has been brought up almost like a deaf mute. He complains now of pain, great tenderness, and copious purulent discharge from both ears, accompanied by almost entire loss of hearing. A few hours before admission he ran wildly into the room, attempted to strangle his mother, and betrayed other symptoms of nervous derangement, which at length passed into tetanus. While in the hospital, opisthotonos continued for four hours with but little intermission. A drop of croton oil and an emetic were given; a blister also was placed upon the nape of the neck.

April 29th. The spasms have abated; but he complains of general uneasiness of the spine, especially of its cervical portion. The ears still discharge matter, and are painful. To take a pill directly, composed of a drop of croton oil, and five grains of the extract of colocynth.

30*th.* The spine continues painful; but he has not had any return of the tetanus. The tongue is whitish, and the bowels relaxed. To have an ounce of the nitrate of potass mixture three times a day. The head is to be shaved.

May 14*th.* The patient has gradually improved up to the present time, and has been able to walk out the whole of the last week. The ears are less painful; but he is as deaf as before. He left the hospital to-day.—*Ibid* , June 29.

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Strangulated Hernia reduced by Taxis, under Chloroform.—N. D., a man, aged 64, was admitted into Guy's Hospital on April 26, with strangulated umbilical hernia of three days' standing. He had been the subject of a hernia for fifteen years, and had worn a belt. The hernia was, however, irreducible, and when admitted was about the size of three fists, the symptoms having evidently been produced by the descent of a fresh portion of intestine. The taxis had been employed prior to his admission, and had failed. Mr. Bryant was immediately sent for, as the symptoms were most urgent, a quantity of dark coffee-ground material being constantly brought up.

Chloroform was at once given, and the patient was brought completely under its influence, when Mr. Bryant rapidly reduced the hernia by the gentlest manipulative efforts.

Upon the same day, and following in succession, a second case of strangulated hernia was treated by the same surgeon in the same manner, and with equal success. It was in the case of a man, aged 74, who had had a hernia in his right side for fourteen years, and had worn a truss until a few days previously. The bowel came down three days before admission, and had immediately become strangulated. Taxis had been tried, and had failed; and as the symptoms were urgent, Mr. Bryant's assistance was called for. When he saw the patient, a small but tense bubonocele was found in the right groin. As the taxis had been tried unsuccessfully, chloroform was at once given. and when it had taken its full effect the taxis was resorted to, by which means the reduction of the hernia was accomplished by the gentlest force.

The two cases, Mr. Bryant remarks, well illustrate the value of chloroform as a primary remedial agent in strangulated hernia.—*Med. Times and Gaz.*, Aug. 3, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Ovariotomy in a Woman Seventy-five years of age.—Drs. E. P. & Wm. C. BENNETT, of Danbury, Conn., record (*American Med. Times*, Aug. 10, 1861) a case of multilocular ovarian tumour in a female 75 years of age, which they have successfully treated by operation. "I made" says Dr. E. P. Bennett, "as I usually do, a small incision not over two inches in length, and exposed the sac, which I punctured with a trocar, and discharged its contents. I then passed a strong thread through this portion of the sac, drew it out until another cyst presented itself, which I also proceeded to puncture, and so continued, until I emptied seven or eight sacs of considerable size, when I succeeded in drawing it all out, tied it with a double ligature, and cut it off. I closed the wound with the silver suture, and dressed in the usual manner. She has recovered without any mishap, and is now able to walk about, enjoys her food, and is in all respects comfortable and happy. The fatal error, in my opinion, in regard to this operation, consists in surgeons still continuing to make large incisions through the peritoneum, and handling too roughly the abdominal viscera.

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List of Candidates who have passed their Examination as Assistant Surgeons in the U. S. Army, arranged in the order of merit.—The following is the relative merit roll of approved candidates examined by the Army Medical Board to July 16, inclusive :—

1. Joseph Janvier Woodward, Philadelphia.
2. Edward Swift Dunster, New York City.
3. Elias Joseph Marsh, Elizabeth, New Jersey, Third regiment New Jersey volunteers.
4. Robert Fulton Weir, New York City, Twelfth regiment volunteers.
5. Thomas Chalmers Brainard, Philadelphia.
6. Morris Joseph Asch, Philadelphia.
7. Henry Sailor Schell, Philadelphia.
8. Charles Knickerbocker Fenne, Buffalo, N. Y.
9. Joseph Engles Semple, New York City.
10. William Henry Forwood, Chester, Pa.
11. James Henry Pooley, Dobbs' Ferry, N. Y.
12. Ely McClellan, Philadelphia.
13. Charles Archibald McCall, Philadelphia.
14. Samuel Appleton Storrow, Washington, D. C.
15. John Chamberlain Clark Downing, Georgetown, D. C.
16. William Dilts Wolverton, Stockton, N. J.
17. James Forest Kennedy, Iowa.

18. John Joseph Butler, Washington.
19. Wm. Richardson Ramsey, Norristown, Pa.
20. Thomas Henry Pelsby, Baltimore, Md.
21. Albert Hartsuff, Unadilla, Mich.
22. Charles Ravencroft Greenleaf, Ohio.
23. Grove Spooner Beardsley, declined appointment, Oneida, N. Y.
24. Philip Adolphus, Baltimore, Md.
25. Andrew James Baxter, Cincinnati, Ohio.
26. Bolivar Knickerbocker, Philadelphia.
27. Lewis Mathew Eastman, Baltimore, Md.
28. Johnson Van Dyke Middleton, Baltimore, Md.
29. William Thompson, Philadelphia.

CHAS. McDOUGALL, *Surgeon U. S. Army,*
President Medical Board.
WM. J. SLOAN, *Surgeon and Recorder.*

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Medical Appointments in the United States Army.—By a general order issued on the 20th of August, the following gentleman have been appointed Brigade Surgeons, to date from Aug. 3d, 1861.

George H. Lyman, of Massachusetts.
F. H. Hamilton, of New York.
Henry S. Hewitt, of New York.
J. H. Brinton, of Pennsylvania.
John A. Lydell, of New York.
John C. Dalton, jr., of New York.
George Suckley, of New York.
Henry Bryant, of Massachusetts.
P. W. Ellsworth, of Connecticut.
Luther V. Bell, of Massachusetts.
S. W. Gross, of Pennsylvania.
David Prince, of Illinois.
A. H. Hoff, of New York.
W. H. Church, of New York.
Joseph W. Freer, of Illinois.
Rufus H. Gilbert, of New York.
J. E. Quidor, of New Jersey.
Charles McMillin, of New York.
Charles O'Leary, of Ohio.
J. G. F. Holston, of District of Columbia.
A. B. Campbell, of Pennsylvania.
J. V. Z. Blaney, of Illinois.
Thomas Sim, of Illinois.
J. S. Bobbs, of Indiana.
Peter Pineo, of Massachusetts.
Wm. E. Waters, of District of Columbia.
O. Martin, of Massachusetts.
J. H. Banch, of Illinois.
William B. Stewart, of Indiana.
N. R. Derby, of Pennsylvania.
Daniel McRuer, of Maine.
S. R. Haven, of Illinois.
A. E. Stocker, of Pennsylvania.
J. Owen, of Pennsylvania.
W. C. Thompson, of Indiana.
James King, of Pennsylvania.
T. Rush Spencer, of New York.

Also to date from August 5th:—

J. D. Robinson, of Ohio.
William Glendennin, of Ohio.
George G. Shumard, of Ohio.

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Medical Department of Pennsylvania College, Philadelphia.—All the members of the Faculty of this department of Pennsylvania College have resigned their chairs. The reason assigned is a disagreement between the Faculty and the Board of Trustees of the Department (controlling the College Building), in regard to the expenses of the institution, in view of the expected reduction of the medical classes during the war.

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Buffalo Medical and Surgical Journal and Reporter.—This is the title of a new journal, the first number of which was issued last month (August). It is edited by Dr. JULIUS F. MINER, and is to appear monthly. The first number is a creditable one, and the editor evinces uncommon courage in entering upon his enterprise at such an unpropitious period.

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The Physician's Visiting List, Diary, and Book of Engagements for 1862.—Messrs. Lindsay & Blakiston, have already issued this highly useful and convenient publication.

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Renunciation of Homœopathy.—The following letter, addressed to the editor of the *American Medical Times*, by Dr. John C. PETERS, long the chief editor of the *North American Journal of Homœopathy*, author of several books on homœopathic practice, and the recognized leader of that school in the United States, cannot fail to attract attention. It will be perceived that the author renounces the doctrines he has hitherto professed, and deals a fatal blow at that most absurd and flimsy system of charlatanry.

"SIR: I wish to put on record in your pages, not only that I have long since resigned all connection with any and every sectarian medical society and publication, but that I now most distinctly do not believe or practise according to any one medical dogma or exclusive system. I have repeatedly been on the point of making this declaration public in some regular medical journal, as it is well known that I have often done in private conversation and in homœopathic periodicals; but frequently the pressing demands of the sick have not left me time, and at other times I have been deterred by the urgent entreaties of friends, backed by that natural repugnance which every one has to publicly acknowledge a change of opinion.

"In simple justice to myself I will beg your indulgence to a short statement of my connection with homœopathy. When a mere schoolboy, between twelve and fourteen years of age, and now I am forty-one, I was personally under the care of an aged and accomplished physician, Dr. Freytag, of Bethlehem, Penn. On my return from boarding-school to this my native city, I found many of my nearest relatives under the treatment of Drs. Gram and Gray. Thus, both in Pennsylvania and here I was early thrown in contact with many and earnest converts to homœopathy. A short time spent in a wholesale drug store opened my eyes to the immense amount of adulterated, spoiled, and poor drugs and medicines which were then and perhaps are now sold. Not a few of my dearest relatives had not been saved from agonizing death, and some were still suffering with varieties of the most distressing forms of chronic disease, which had not been averted by all the devotion and skill of many of the most accomplished physicians of the dominant school. I commenced the study of medicine under the impression and with the fervent hope that homœopathy, in its future and rational development, would supply all that was deficient in medicine; but all my natural instincts ever have been, and ever will be opposed to all bigoted exclusiveness and one-ideaism in religion, politics, science, and my much loved profession. As far as lay in my power, I have never been unmindful for a day, from the commencement of my career as a medical student and practitioner, of the numerous and brilliant advances in regular medicine which have been constantly progressing both in this country and abroad. I must say that I never have been a convert to the use of infinitesimal doses; they have been so repugnant to every fraction of common sense which I possess, that I have always felt absolutely degraded when making what I conceived to be necessary trials with them. I have always felt that I was doing something foolish or wrong when giving them; that I was dealing with quantities so minute and so powerless that it would be trifling with the lives of my friends and patients to depend upon them in serious cases, and with their time and comfort in milder attacks. I knew full well that Hahnemann had performed all his first cures with tangible doses, and had cited numerous instances from reliable medical authorities, in which apparently homœopathic cures had been effected with not unreasonably small doses. I determined to commence where he commenced, and if beaten back to the use of infinitesimal doses, would reluctantly but at the same time decidedly follow the results of my experience. I have never felt myself obliged to fall back upon infinitesimal doses; but, on the contrary, have been more and more successful in strict proportion as I gradually increased upon the very small quantities which I first used, and in proportion as I departed from a slavish adherence to one system of medicine. The reports of others, both physicians and laymen, frequently led me to make careful trials of infinitesimal doses in various cases, but never with satisfactory success; while many extraordinary instances of recovery from distress and sickness in which no medicine had been given, and numerous consultations to which I was called by homœopathic physicians, in which severe disease had gone on unchecked by these powerless agents, more and more convinced me that they were irrational and unsafe.

"A careful study of the homœopathic materia medica, early convinced me that it was very visionary and unreliable. I laboured long and zealously to do my share towards giving it a more practical and common sense shape.

"The dogma, *similia similibus curantur*, was long a stumbling-block to me; it seemed so utterly opposed to reason, that it was often with difficulty that I could force myself to practise according to it. But, many years ago, I hit upon an explanation which was, and is still, perfectly satisfactory to me. It is self-evident that, in order to cure any disease, a state *different* from that presented by the disease must be brought about; hence a curative drug must either primarily or secondarily exert an *alterative* action; that is, if we leave mere revulsive effects out of the argument for the present. Similarity is not identity, but a similar thing, although it resembles somewhat, or even strongly, also *differs* somewhat, and even greatly. Hence, a drug which acts similar to the action of any given disease, also differs somewhat in its action, and ultimately may exert an *alterative* effect. Similarity is a hybrid consisting of a great or greater degree of resemblance, coupled with a less or lesser amount of difference; in fact, similarity may be defined as a *slight degree of difference*, quite as well as interpreting it as a great degree of resemblance. Hence, the homœopathic law *is only an apparent and fragmentary truth*, not a complete exhaustive law. It is a fragment of the great law, *differentia differentiis curantur*, seu *alterantia alterantiis curantur*, of which in its form the old established law, *contraria contrariis curantur*, is another fragment. For opposite or antagonistic things are such as *differ* in the greatest degree; while similar things are merely such as differ in the least, or a lesser degree, or in certain particulars; while in others, they may be *essentially different*. Identity excludes the idea of difference, while similarity may include only the idea of casual likeness. Upon these ideas or principles I have long thought, studied, and practised, and have gradually become more and more convinced that the homœopathic is only a partially, or even only an apparently true law; a mere fragment of the greater law of alterative antagonistic action which has been practised upon for ages.

"The immense advances which have been made in the regular school in pathological anatomy, diagnosis, microscopical and chemical investigation, in auscultation and percussion, in the use of the speculum and ophthalmoscope, and in the use of ether and chloroform, necessarily force every student of medicine to give the larger portion of his attention to the publications of the dominant school. I have long endeavoured to force these tangible, practical, and essential advances upon the attention of the homœopathic school, and laboured almost in vain to convince the fraternity that the healing art is so far from having attained a state of perfection that no school has a right wholly to despise and reject the other, and that a wholly derogatory estimation of every other method than their own is not a necessary consequence of their adherence to the latter. Hence, I must prefer the greater to the lesser truth, and however painfully and reluctantly, must endeavour to cast my lot with other friends, other theories, and other practice.

"But the homœopathists have discovered some new remedies, and renewed the use of many forgotten old ones. If consistent with the object of your periodical, at some future time I will furnish short articles on the use of ignatia, cocculus, pulsatilla, agaricus, hamamelis, cannabis sativa, euphrasia, and other remedies, simply premising that it is not at all necessary to use them in infinitesimal doses, nor always according to the homœopathic law." * * *

"Yours, &c., J. C. Peters, M. D."

FOREIGN INTELLIGENCE.

Iodine in Tubercular Meningitis.—Dr. Bourrousse, at the conclusion of a long memoir laid before the Académie de Médecine, states: 1. All, or almost all, cases of tubercular meningitis, which have resisted hitherto all therapeutical procedures may now be deemed curable. 2. One or two hundred thousand infants will owe their lives each year to the employment of iodide of potassium in acute hydrocephalus. 3. This meningeal affection is the only tubercular disease which has been rendered curable, and this success will probably lead to amendment in the mode of treating other forms of tuberculization. — *Moniteur des Sciences Méd*, No. 73.

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Arseniate of Soda in Scrofula.—Of all the various agents employed in treating scrofula, M. Bouchut has found the arseniate of soda the most efficacious and energetic. Arsenic, in fact, is one of the best of our tonics, and it is a powerful succedaneum of iron, quinine, or cod-liver oil, and for this reason it is efficacious in most organic and nervous cachexiæ when the resulting disorders have not become too considerable or too inveterate. In scrofulous cachexia it is an excellent remedy, children under its influence generally recovering their strength, colour, and appetite. But this is only an amelioration, for in cases in which it effects a *cure* the cachectic state has not yet been attained, and the local manifestation is confined to the skin, mucous membranes, and the glands. Beyond these, in diseases of bone and in tuberculosis it is only a good palliative. In scrofulous coryza, ulceration of the skin, suppurative adenitis, otorrhœa, leucorrhœa, or perforations of the velum, the relief obtained is prompt. It may be given with quinine or in simple syrup, and M. Bouchut recommends doses of $\frac{1}{60}$ grain of arsenic to commence with, gradually augmenting the quantity.—*Ibid.*, from *Bull. de Therap.*, vol. lix.

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Formula for the Administration of Chloroform, Ether, Turpentine, Camphor, or Essential Oils.—M. VEE recommends the following as a valuable means for the equable administration of these medicinal substances: Chloroform (or any of the above), 4 parts (or less); oil of sweet almonds, 15 parts; powdered gum arabic, 10 parts; water, 100 parts; syrup, 25 parts. The chloroform is to be dissolved in the oil, and rapidly emulsified, to prevent evaporation. *Syrup of Chloroform* may be well prepared by the following formula: 10 parts by weight of chloroform are to be dissolved in 60 of oil of sweet almonds, 40 parts of gum added, and an emulsion formed with 350 parts of water. In this cold emulsion, placed in a close vessel, 540 parts of sugar are to be dissolved. It is a very stable syrup, rendering water white on admixture with it, and it contains exactly one-hundredth of its weight of chloroform.—*Med. Times and Gaz.*, June 8, from *L'Union Méd.*, No. 49.

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Re-vaccination of the Prussian Army in 1860.—During the year 1860, 69,096 individuals were either vaccinated or re-vaccinated. Of this number, 57,525 exhibited distinct cicatrices, from former vaccinations, and 7420 indistinct cicatrices, while 4151 showed no marks at all. The vaccination went through its regular course in 44,193, was irregular in 8256, and was without result in 16,647. These last, vaccinated again, gave 5577 examples of success and 11,650 failures. During the year there occurred among the above soldiers who were successfully re-vaccinated, and others who had been so in former years, six cases of varicella and one of varioloid, but no case of variola was met with. Thus, during the year 1860, of 69,096 re-vaccinations, 49,770 proved successful, *i. e.*, 72 per cent. In the entire army there occurred 44 cases of pock during 1860—viz., 17 varicella, 23 varioloid, and 4 variola. Of these, 3 of the cases of varicella, 14 of varioloid, and 3 of variola occurred in persons who had not been re-vaccinated; 8 of varicella, 8 of varioloid, and 1 of variola occurred in those who had been re-vaccinated without effect; and the remaining 7, as stated above, occurred in those who had been re-vaccinated with success. Three of the cases of variola died.—*Med. Times and Gaz.*, July 6, 1861, from *Preuss. Med. Zeitung.*, 1861, No. 13.

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Longevity in France.—The average number of persons who die annually, in France, at the age of 100 and upwards, is 148. The longevity is mostly attained in the mountainous departments; but the department of the Seine furnishes a fair share. There does not appear to be any direct relation between the number of cases of great longevity and the average duration of life in the several departments.

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Statistics of the Blind.—There are upwards of 22,000 persons in England and Wales who are blind. Taking the whole population of Great Britain, there is about 1 blind person in every 979; in England and Wales, 1 in 979; in Scotland, 1 in 960; and in the Channel Islands and the Isle of Man, 1 in 830. It is thus seen that, in proportion, there is less blindness in England and Wales than in Scotland; and much less in Scotland than in the Channel Islands. In Ireland the proportion of blind is 1 in 864 inhabitants. In the level portions of Europe—comprising Belgium, Hanover, parts of Germany, and the plains of Lombardy and Denmark—the proportion is stated to be 1 blind in every 950 inhabitants, but slightly differing from the average of Great Britain. In elevated regions the proportion is considerably lower; but in Norway the proportion is 1 in every 423 inhabitants. In those localities in which the largest number of old men and women are living there will be found the largest proportion of blind; and an examination of the tables of the ages of the people shows that this is the case up to a certain age. The blind to 100,000 of the living at eighty years of age and upward in Hereford, is 2019; Cornwall, 3120; Devon, 2942; Dorset, 2800; Somerset, 1887; Wilts, 1705; Yorkshire (West Riding), 2002.—*Lancet*, Aug. 3, 1861.

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Illegitimacy in Bavaria.—It appears from Hormann's statistics of Bavaria that during the 9 years from 1835-44, there were born 1,094,795 legitimate and 288,441 illegitimate children, that is 209 of the latter to every 1000 of the former; and that in the seven years from 1851-57, there were 210 illegitimate births in every thousand.

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Duty of a Physician to the Public in a Case of Poisoning.—M. TARDIEU, treating of this important question in Medical Deontology in his lectures on Medical Jurisprudence at the faculty, communicated to his auditors a letter written by Lamennais to Dr. Pierquin, of Montpellier: "You have done me the honour of asking my opinion on the question, 'Is a practitioner who perceives that a patient to whom he has been called has been poisoned, under the moral obligation of declaring his well-founded opinion to the authorities?' Without doubt, in many cases, a mere private person is not obliged to reveal to the authorities a crime of the certain existence of which he is aware, and sometimes charity may even render it a duty on his part to observe silence. But is this the case with the medical practitioner? On the contrary, is he not in an essentially different position! The physician is a public man, and he has special duties towards society which ensue from his very function, and he should advertise it of the crimes which he alone is in a condition to discover and bring home, otherwise these crimes, which are always amongst the most heinous, would never be known except by some extraordinary contigency, especially now when the art of poisoning has made such fearful progress, and when crime seems to have taken refuge in the bosoms of families, destroying all security of life. The confessor is compelled to secrecy for other reasons. It is almost always the criminal who comes to him, and his conscience is a sanctuary he cannot leave. But the physician who discovers that which, so far from being confessed to him, is sought to be hidden from him, has two duties to perform—one towards his patient, and the other towards society, whose minister he is on this occasion; and if, as cannot be doubted, he ought to advertise the magistrate when a disease exhibits alarming signs of contagion, how much more is he called upon to reveal that which implicates not some person only, but society itself?" The *Union Médicale*, while adhering to the above doctrine, cautions its readers that excessive care aad circumspection should be employed before making any spontaneous declaration of the kind. Mere doubts are not to be revealed, these requiring first to be converted into a settled conviction and a commencement of certainty. —*Med. Times and Gaz.*, July 6, 1861.

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Wholesale Poisoning.—Sixteen children, between the ages of 3 and 4 years, were recently poisoned at Bristol, England, by eating some nuts which were unloaded from a ship at the quay. The nuts were intended for the use of a glue manufacturer. Twelve of the children recovered, but four remained for some time in a precarious state. It appears that several children lost their lives two years ago, at the same city, in the same manner.

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New French Ambulance.—This ambulance is an omnibus-shaped vehicle, to be drawn by two or more horses; weighing some twelve hundred pounds, but constructed in such a manner that it may be easily detached, separated in several pieces in the interior, the most important portion easily carried by several men. The interior is, when fully standing, a row of beds, carrying six or eight men with great ease, but when crowded, may be forced to transport three times that number. Each bed is a "field stretcher," or portable cot, which takes the wounded man from the field, and without any fatiguing change, places him in this portable hospital. An India-rubber bath is also attached.—*British Med. Journ.*, June 22, 1861.

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Acephalous Monster.—A monster of this kind was born at the Paris Maternity on the 19th of April last. The peculiarity consisted in a small tumour, situated on the vertex, which ended in a membranous band connected with the fœtal aspect of the placenta, and ending in a second band, which encircled and had partly amputated the left leg a little above the ankle-joint. The child, of the female sex, was born alive, and lived five hours. It had taken the breast, had expelled the meconium, and passed urine.—*Ibid.*

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Tuberculosis, and the Evidences of the Deposit or Formation of Tubercle in the Child.—Delivered at the Hospital for Sick Children. By WILLIAM JENNER, M.D., Physician Extraordinary to the Queen, Physician to University College Hospital, and to the Hospital for Sick Children.

GENTLEMEN: Whoever desires to comprehend the diseases of infant life must view them in conjunction not only with the diseases of adult life, but also in their relation to the diseases of declining life. The pathological processes of the one period throw light on those of the other. Now, it is the consideration of some easily understood physiological or pathological condition in the child which enables us to understand the less patent disease in the aged, and then it is some easily understood pathological process in the aged which throws light on an obscure point in the diseases of the child. He, then, who would study successfully the diseases of childhood must study them as part of the great field of pathology, and not merely as a specialty. To devote time to the study of this or of that special disease in its relation to other diseases is most useful to him who studies and to those who are to profit by his studies. To study this or that disease, or set of diseases, as a mere specialist, to view them by themselves only, is to cramp your own minds, to obtain a narrow view even of the special subject—to injure yourselves mentally, and to retard the progress of scientific and even of mere practical pathology.

Before passing to the special diseased states to which I propose in this and the succeeding lectures to direct your attention, allow me briefly to review some of those

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peculiarities in the structures, the physiology, and the habits of the child which dispose it to diseases never seen in the adult, modify those common to both, make rare those frequent in after life, and exclude those we daily witness in the aged.

The body of the child is growing. The organs and functions by which the building up of the frame is performed are in full activity; they are more perfect than in after life; the power of repair in the child is marvellous. There is no degeneration of structures essential to life or to the progress of growth. Only parts which have finished their work, have contributed probably to the perfecting of other parts essential to the perfecting of the body, decay or degenerate, *e. g.*, the thymus.

I must for a moment break the thread of my discussion, to tell you what I mean by this word "degenerate," so much abused in its use. I mean by it changes of the intimate structure of tissues or organs, independent of life force. The chief degenerations of the structures of the body observed by the pathologist may be grouped under three heads: 1. Disintegration of structures, *e. g.*, granular degeneration of muscular fibres. 2. Precipitations on to or into the elementary constituents of tissues and organs, *e. g.*, calcifications of various parts. 3. Re-arrangement of chemical elements, *e. g.*, fatty degeneration.

The body of the child is growing. Hence, not only is there activity of all the building-up functions, but there is imperfect formation, and consequent imperfect performance of function of many of the parts which are being built up, *e. g.*, the bones.

Contrast this with the state in old age; not only has the body then ceased to grow, but all its parts have passed by the date of their perfection. The structures especially concerned in building up the frame are no longer needed, they have long been inactive, and inactivity of a function involves the degeneration of the structures performing it. They have then either disappeared or are degenerating prior to disappearing. The power of repair is almost *nil*, and death by old age is death by the degeneration of structures, and consequent imperfect performance of functions essential to life. It is no longer parts which have finished their building-up work which degenerate, it is those concerned in the preservation of life itself which decay. The more gradual and the more general the degeneration, the more correctly do we speak of such death as death from old age. It is rare, as you well know, for all the parts to degenerate equally and to that degree that the functions of all cease together. Usually, some one organ passes to decay more rapidly than the others, and death is said to occur from the lesions of this or of that one organ—as the old watch that has long ceased to keep time at last stops, because some one part necessary to the movements of its hands has worn a little faster than the others. All its structures are more or less decayed, but it finally ceases its work because the balance-wheel breaks, the chain gives way, the main-spring snaps.

If, now, we consider the tendency of special parts to degenerate, we find the lymphatic glands, the spleen, Peyer's patches, the solitary glands of the small intestines, all actively at work in the child. The lymphatic glands are large; the Malpighian bodies of the spleen are swollen; Peyer's patches and the solitary glands are prominent. In middle life they all begin to waste, and they go, like the thymus, when the function of building-up is done; when perfection has been reached; when life begins only to flag, and long ere we like to say old age is on us.

There is one tissue which plays so large a part in the performance of some of the functions essential to the continuance of life, and the importance of the decay of which has hitherto, it seems to me, been imperfectly appreciated, that I must for an instant direct your especial attention to it —I mean the elastic tissue.

A loss of elasticity gives its most characteristic aspect to age. Think of the smooth cheek of the child, and compare it in your mind's eye with the wrinkled skin of the aged; and remember how large a part in this difference is played by the difference in the elasticity of the skin at the two extremes of life. You know the influence which the elasticity of the coats of the arteries plays in the circulation. In the child the elasticity of the arteries is at its maximum. Bend the child's arm, and see how perfectly the brachial artery follows the changing length of the limb between the elbow and the axilla; then bend the arm of the old man, and note how the same artery is thrown into an S-shape coil—it has lost the power of retracting, and therefore of adapting itself to the diminution of the length between the elbow and the axilla when the forearm is flexed on the upper arm.[1] Granular disintegration of its structure, precipitation of albumen and fibrin, and of calcareous granules into them, and rearrangement of their chemical elements have taken place. The one or other of these degenerations predominating in different cases, the elasticity as well as the contractility of the vessel is lost, and thus the whole of the arteries are practically lengthened;[2] friction is therefore increased, and undue impediment to the flow of blood through them is the consequence, and the enlargement of the heart, said to be proper to the aged, necessarily follows.

It is, in reference to the subjects we are reviewing, of interest to note the fact that it is common for special parts to experience the decay proper to age, not only before the period of life at which such decay is the natural course of events, but also long before other parts of the body decay. Thus, one man is old as regards his scalp—his hair is gray, or his hair-follicles have decayed and wasted so as no longer to perform any function, and the man is bald; in another it is the alveoli which waste before their time; in a third the heart and arteries; in a fourth the nervous system, etc.

This tendency of particular parts to grow old before due time, is sometimes hereditary. Early baldness, early falling of the teeth, and an early aged-look, we all know, occur in many members of the same family at about the same period of life. So, also, we see member after member of the same family cut off about the same age by apoplexy, by heart-disease, by asthmatic complaints as they are called. These diseases being the result, in fact, of degenerations occurring at or about the same period of life—the arteries, or the heart, or the lungs having been so constructed originally, as to begin to decay after so many years of ordinary wear—though care may retard, abuse hasten the decay, and so anticipate or delay the term natural to the individual. Men are old, then, physiologically considered, not when they have lived so many years, but when the structures essential to life have degenerated to a degree almost incompatible with the continuance of life.

In my Lectures given in this place last year, I contrasted the state of the nervous system, and especially the reflex nervous system, in childhood and age. I need not repeat what I then impressed on you.

Applying what I have said to the special diseases of childhood, we understand that as malformations and rickets are diseases of development and of rapid growth, they must be limited to childhood; that as the mechanical inspiratory apparatus is imperfect in the child (from the softness of ribs and cartilages), bronchitis must be very fatal to it; that from the irritability of the reflex nervous system convulsive affections of excentric origin will be common in early life; that as the lymphatic system, the glands of Peyer, the spleen, etc., are in a state of activity in childhood and youth, they will be prone at that time to certain diseases; that as syphilis, tuberculosis, and scrofulosis are the most hereditary diatheses, they will manifest themselves early; that as diseases of the arteries, veins, and heart—excluding acute inflammations and malformation and their effects—are the consequences of degenerations, they will be unknown in infancy; that hemorrhage into the brain and softening of that organ (excluding softening from acute œdema), being due in the vast majority of cases to degenerative disease of the arteries, will be infinitely rare in childhood; that as cirrhosis of the liver and kidneys and certain stomach diseases result, in the vast majority of cases, from intemperance, they will be very rare before puberty. And so we might pass in review the whole of those diseases which are proper to, unknown in, rare in, or especially mortal in early life, and trace these peculiarities of each to established physiological or pathological laws.

In the lectures which I gave in this room last year, I directed attention to one of the most widely spread of the diathetic diseases of childhood, viz., rickets. To-day, and in my succeeding lectures I propose to consider another great diathetic disease so common in, though not like rickets proper to, childhood, viz., tuberculosis.

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[1] If an equal length of the artery be removed from a young and an old subject after death, and the elasticity of the two arteries tested, the difference is very remarkable, and that even when to the eye the artery of the old person appears healthy. The whole arterial system degenerates at the same time, and, consequently, the state of the brachial artery is an index to those of heart and head. I have collected many facts indicating the importance of this subject and its bearing on diseases of various organs.

[2] As in the healthy person, the length of the artery varies with the positions of the limb, and as the artery scarcely shortens when its coats are degenerated, it is, of course, practically speaking, lengthened. If the disease be extreme, then it is actually lengthened, as shown by its tortuous condition. When the limb is extended, dilatation of the artery necessarily accompanies the lengthening.

As when describing rickets I drew altogether from my own experience, so in describing tuberculosis and its consequences, I shall draw my descriptions as little as possible from the observations of others, and shall limit myself to what I have seen. I shall have to leave out little of importance, because the large field which this hospital affords for the study of this common disease affords ample opportunities for observing all its chief general varieties and local developments. There are three words I shall so constantly use, to which such different meanings have been attached, that it will be necessary for me to explain the meaning I attribute to them.

When I say a child is tubercular, I mean that it has tubercles in one or more of the tissues or organs of its body. When I say a child is tubercularizing, I mean that tubercles are being deposited or formed in one or more of the tissues or organs of its body. And when I say a child is the subject of tuberculosis, I mean that it is from some general state of all its parts disposed to tubercularize.

In the adult, and yet more so in the aged, occupation, exposure, mental wear, the passions, and accidental diseases, have so modified the general aspect of the man, that although much may still be learned by the practised eye, without a question to the patient, still we are often far from correct in our surmises. It is very different with the child; in reference to its diseases the eye is the great inlet of knowledge. It is so in regard of tuberculosis. The ear and the touch, the test-tube and the microscope, give us no aid in the diagnosis. We judge almost solely from inspection of the patient.

It is when tuberculosis is inherited from the parents that its characteristic features are the most strongly marked. The germ anterior to the formation of the blood, and even before it has divided into parts, is the subject of tuberculosis, and, as a consequence, the parts formed from and by that germ partake of its constitution; and we see the result, not in this or in that part, not in the blood or bones only, but in every fibre and every cell of the frame, at least in every part made up of such cells. Let me sketch for you the appearance of a child who is the subject of well-marked tuberculosis—one concerning whose predisposition to become consumptive we should have no doubt. I did so briefly in the lectures I gave here last year, when contrasting the leading features of tuberculosis, scrofulosis, rickets, and syphilis.

The child's loveliness is often the pride of the parents; they are charmed with its tall and thin figure, its straight and thin limbs, the delicacy and transparency of its skin, the clearness of its complexion, the beauty of its eyes, so bright, with so large pupils, and so long lashes, the oval contour of its face, and the silkiness of its hair; it is so forward, so intelligent, so clever. It lives rapidly, it cuts its teeth early, it talks before others, it quickly runs alone.

In the mother's and the poet's eye—and every mother is a poet when describing her child—the child is a pretty little fairy; in the physician's eye it is an interesting pathological specimen. If we examine such a child a little more closely, we find that its bones are all small in circumference, long, and singularly firm; that its cartilages are comparatively soft. We press our stethoscope on its sternum, and we are surprised to find how easily it is depressed—*i. e.*, how flexible are the cartilages. The ends of its long bones are very small, and on cutting them through vertically, we are struck by the thinness of the layer of cartilage which, in the state of preparation for ossification, instead of being, as in rickets, greatly increased, is in tuberculosis diminished. Health is intermediate. This difference is most striking in the ribs—*i. e.*, at the points where the ribs unite with the costo-sternal cartilages; in rickets, a row of nodules; in health, ditto; in tuberculosis, *nil*.

But there is another important difference between the state of the ribs in the rickety child, the healthy child, and the subject of tuberculosis—I mean the firmness of the ribs. In rickets, the softness of the ribs modifies all its chest disease in regard of symptoms and danger, and gives to the chest that remarkable form with which we are familiar. In tuberculosis, the ribs, in common with all the bones, are even firmer than in health; and the consequence is, that any diminution in the size of the lungs must be followed by a very different alteration in the shape of the thorax from that which occurs in rickets. In rickets, supposing an impediment exists to the entrance of the air, the soft ribs are thrust in by the weight of the atmosphere, and of course recede or are driven in farthest at the part where they are the softest.

Now we may lay down this law in regard of the diseases of the lung—that all diminution in the size of one or both lungs, if not accompanied by the presence of air or fluid in the pleura, necessitates the falling in of the chest parietes; the walls of the chest follow the receding lung. In tuberculosis the lungs are small; they do not grow with the increasing length of the trunk; they are not only absolutely, but relatively to the height, small; and bear in mind that this want of size in the lungs is anterior to the deposit of tubercle. It is not the upper lobe which is especially affected—every part of the lung seems equally diminished in size; but while diminished in size absolutely and relatively, we often find its air-vesicles dilated—the lung rarified. There is no damage in texture—no loss of elasticity—only a little dilatation of air vesicles, compensating a little, and but a little, for the smallness of the organs.

I told you that the chest-walls must follow (no air or fluid being in the pleura) the receding lungs; and that little lungs necessitated a small thorax. In rickets the softness of the ribs permits of their being driven in by the weight of the atmosphere. In tuberculosis the firmness of the ribs forbids such a change. Nature here uses other methods for diminishing the capacity of the chest.

We find three forms of thorax in those who are the subjects of tuberculosis, all three consequent on the small lungs of the child. 1. The long, almost circular, thorax. 2. The long thorax with narrow antero posterior diameter. 3. The long pigeon-breasted thorax. The key to the understanding of the two first is afforded by the thorax of the aged, who are the subjects of atrophous emphysema, or senile atrophy of the lung. As the lung diminishes in size the ribs become more oblique, and as a consequence the four upper intercostal spaces next the sternum are remarkably widened, the four lowest almost obliterated. The sixth, seventh, eighth, and ninth ribs are united at an acute angle with their cartilages —the ribs passing downwards, the cartilages upwards—to be affixed to the sternum or to cartilages above. The result of this alteration in the obliquity of the ribs is that the antero-posterior and the lateral diameters of the thorax are greatly diminished, and the diaphragm, remaining as regards its highest point at its proper level, is necessarily by the lowering of its attached margin considerably more arched than natural; while a certain number of the ribs, in some cases even the eighth, ninth, tenth, eleventh, and twelfth ribs—lie in contact over the greater part of their extent with the diaphragm—have, that is to say, no lung under them. In this way, although the thorax is much lengthened, its capacity is greatly diminished.

The cause of this form of thorax in the old person whose lungs atrophy is the almost absolute inflexibility of their outer chest walls, the result of their costal cartilages being to a great extent calcified. Then, whenever the cartilage and the ribs in the child, adult, or aged person are particularly firm and the lungs atrophy generally, the thorax obtains the form I have described; we get the long, circular thorax, with narrow but pretty equal antero-posterior, and lateral diameters, oblique ribs, wide upper intercostal space next sternum, and obliterated lowest intercostal spaces.

Now, if you have followed my line of argument, you will have already understood the cause of the difference between the flat and the circular long thorax. The difference is due to the relative softness of the cartilages in the two. If the cartilages be soft you will have the chest flattened from before backwards, as well as lengthened; and if they be very soft you will have the sternum below the level of the cartilages.[1]

The third form, viz., the long thorax with pigeon-breast, is the consequence of repeated trifling catarrhs affecting the lower lobes of the lungs of a child whose lungs generally are small. The air during the catarrh being unable to find ready access into the lower lobes of the lungs, the lower ribs are driven inwards at each descent of the diaphragm, bearing the sternum forward. The degree to which the sternum is advanced will depend on the height to which the impediment to the entrance of the air extends in the lungs, or, rather, in the bronchi. The sixth and seventh ribs have, I think, the greatest effect in advancing the sternum. If a child be constitutionally healthy and suffer repeatedly from bronchitis, we ultimately obtain the same form of thorax; for a certain amount of collapse becomes permanent, and the lower lobes of the lungs are permanently diminished in size.

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[1] Various functional derangements of the heart, basic murmurs, etc., result from the caging up of the heart when the antero-posterior diameter of the thorax is thus much shortened.

How is this last form of thorax to be distinguished from the pigeon-breasted thorax of rickets? In the early stage there is no danger of confounding the two; but when the ribs have consolidated, I have often seen the one mistaken for the other. There is, however, little difficulty in distinguishing the deformity consequent on rickets from that I am now describing. In the pigeon-breast from rickets, all the ribs being softened, the deformity extends certainly as high as the second rib. In the pigeon-breast from catarrh or bronchitis, the upper part of the thorax is flattened from before backwards; it is only the lower end of the sternum which is thrust forward. The child is pigeon-breasted, but it is only pigeon-breasted at the lower part of its chest.

We often find in conjunction with this form of thorax, a knuckling forward of the cartilages just next to the sternum, the yielding cartilage being compressed between the solid rib and sternum.

I desire, then, fully to impress on you that small lungs are common in the child who is the subject of tuberculosis, and that the form of thorax which in the child indicates small lungs is one of the three I have described.

By inspection we detect these forms of thorax; the eye, then, is the great inlet of knowledge here as in reference to the general aspect of the child when seeking to determine its disposition to become tubercular. When I come to speak of the physical signs which indicate that the child is tubercularizing or even tubercular, we shall see more fully the importance of the knowledge the eye conveys to us. How often is a child and even a young adult tubercular in the most extensive degree without our being able to prove by auscultation, percussion, or palpation, that any organ or tissue is the seat of tubercle? The build of body characteristic of tuberculosis is not, however, always notable when the disposition to the deposit of tubercle is considerable; and this is to be expected, seeing that tuberculosis is admitted to be sometimes acquired after the building up of the body is nearly or quite complete. And again, when tuberculosis is inherited from one parent, the transmitted influence of the non-tubercular parent may modify the aspect of the child.

The deposit or formation of tubercle may take place slowly or rapidly. Tuberculization may therefore be acute or chronic; but I need scarcely remind you that there is no sharp line of demarcation between the acute and chronic forms of any given disease. There is no disease that occurs as an acute affection and also as a chronic affection but offers all intermediate terms of duration. Tuberculization in the child is distinguished from tuberculization in the adult by the large number of organs in which the deposit occurs at or about the same time and by the small amount of the deposit at one spot. It is this latter which makes palpation, percussion, and auscultation so often small aids in the diagnosis of tubercle, and which compels us to trust especially to a study of the general symptoms, of the conditions appreciable by the eye, and of the etiology of the disease.

Symptoms of Acute Deposit of Tubercle.—Children rarely tubercularize acutely without they inherit from one or both parents a disposition to become tubercular, or have recently been the subjects of measles or whooping-cough, or have been placed in singularly unfavourable hygienic conditions as regards air and light. With regard to these latter, they are, like errors in diet, more often merely exciting causes of tuberculization in the child already the subject of tuberculosis, than the originators of tuberculosis itself. The cases of acute tuberculization that I have seen may be grouped so as to form three varieties, which we may call the insidious, the active febrile, and the adynamic.

In the first variety the child is observed to be languid, to be unwilling to make exertion, sits or lies about, leaves its playmates, is dull and heavy or irritable in temper; the skin is hot, but the degree of heat varies much. At some parts of the day it is scarcely greater than natural; at others it is, as the mother says, burning. The thermometer shows that there is an appreciable difference in the temperature at different parts of the day and on different days. At times it is almost or quite natural; at times it rises to 102°, and even higher. On the whole, the elevation of temperature is most marked at night. Usually when the temperature is high the cheeks, one or both, are flushed. It is the irregular feverish heat which makes the greatest impression on the mother. The pulse is always frequent, but very rapid when the temperature is high. The tongue is furred more or less, and the lips and nares dry, and often bleeding from picking. The appetite is lost or variable, and only to be excited by tasty and indigestible substances; the bowels confined or irregular; the stools more or less clay-like, or putty-like, or pale, or party-coloured and offensive. The abdomen is free from tenderness and normal in form. There is usually a trifling cough, rapid breathing, and may be the physical signs indicative of slight catarrh, or the respiratory murmur is rough, respiration more blowing than natural. From first to last the child steadily, and if the febrile disturbance be considerable, rapidly loses flesh.

All the special symptoms I have mentioned may vary in severity, and sometimes one, sometimes another gives a peculiar feature to the case. Now, the fretfulness, or headache, or drowsiness, or sleeplessness leads the practitioner to consider all the other symptoms secondary to some special intracranial disease. Now, it is the furred tongue and the deranged intestinal secretions which lead him to the erroneous conclusion that the febrile disturbance, etc., are secondary to the state of the stomach, bowels, or liver Again, it may be the catarrhal symptoms that predominate, and the disease is supposed to be a bad cold on the chest merely. The child may be ill enough only to keep the house or its room. After three, four, five, or six weeks even, the disease terminates in one of two ways, either some one organ becomes so gravely affected as to cause death with symptoms unequivocally referable to that, or the child recovers.

If the child dies we find after death, in addition to the lesion which caused death, gray granulations scattered through the lungs, the liver, the spleen, the kidneys, under the pleuræ and peritoneum, and gray and yellow tubercles in the lymphatic glands, especially the bronchial and mesenteric. Note that I tell you that gray as well as yellow are found in the lymphatic glands. You will find it stated generally in books that gray tubercles are not found in the lymphatic glands. This is indisputably an error. They are common enough in the interior of all the lymphatic glands.

Suppose the child to recover, what was the condition of its organs?—undoubtedly they too were the seat of tubercle. An acute deposit of tubercle is constantly recovered from. It is by no means a necessarily fatal disease; nay, I feel satisfied that recovery from it is very common. The foundation for a belief in the possibility of recovery from an attack of acute tuberculization rests mainly on anatomico-pathological ground, or on these superadded to the history of the patient.

After death we every now and then find scattered through the lungs solid nodules, varying in size from a swan-shot to a large pea, and may be even larger. On section we find the centre formed of a hard, tough, almost black airless substance; about the margin of this we may find a number of small gray granulations, each surrounded by black pigment loaded tissue; and then again, perhaps, outside these transparent gray granulations free from pigment, and evidently deposited during the last illness of the patient. The centre of such a nodule is formed of obsolescent tubercle, the layer around of tubercles becoming obsolescent. The patient has manifestly had three attacks of acute tuberculization, from two of which he had recovered, for obsolescence is evidence of recovery, and in the third of which he has died. The bronchial glands, etc., in many cases give equally valuable and trustworthy evidence of recovery from acute tuberculization.

With reference to diagnosis in these cases, it rests mainly on the irregular febrile disturbance, *i. e.*, the high but variable temperature lasting for some time, and the steady loss of flesh, with the absence of any evidence of local lesion of a grave kind. The gravity of the case is constantly, even by the experienced practitioner, unappreciated till some one organ is suddenly so severely affected as to place life in the greatest danger.

I will sketch for you a case that occurred long ago in my own practice, and made an impression on me not to be forgotten. The patient was five years of age, and the child of a medical man. The child had recently suffered from an attack of measles, from which it had recovered quickly, but had soon seemed ill again. She lost her appetite, and sat about listlessly, neglecting her toys, not all day, but only playing with them occasionally, and then with little spirit. Her brothers and sisters worried her. She was taken out of doors; was thought by her mother and myself, even at that time, to want routing. Routing did not answer, and she was noticed to flush in the face and be feverish at night. Now I observed her tongue was loaded, and learned that she had been coaxed with tasty, indigestible food; so I said, "It is all error of diet." The diet was regulated, but the child did not improve. On going in one day, and seeing the child look brighter, more lively, and its skin cool, I said, "Jenny is better to-day." "Oh no, I assure you," was the reply; "she seemed as well yesterday afternoon, and then all last night she was in a burning fever." I examined the stools; they were fetid, dark, and too solid. "Yes, it is no wonder that with such a state of secretion the child is feverish at night," I said: "A dose of gray powder and jalap will put all right." But it did not put all right. The excreta were improved; the diet was all that could be desired; and then I began to think, is not the mother making more of the ailment than it deserves? And so one, two, three weeks wore on, when a sudden attack of convulsions occurred, and in three or four days the child was dead from tubercular meningitis. Every organ in the body was found, after death, to be the seat of a recent deposit of gray granulations.

In the active febrile form of acute tuberculization the febrile symptoms are more decided from the outset, and the patient at an early period is confined to bed In the third or adynamic form of acute tuberculization, the illness begins somewhat suddenly, after at least a trifling sense of malaise of a few days' duration. The symptoms are chilliness, hot skin, frequent pulse, moist furred tongue, headache, loss of appetite, confined bowels, vomiting, considerable sense of weakness, great unwillingness to be disturbed, with irritability of temper. After a week or ten days, the mind wanders occasionally. The bowels are usually confined, and the abdomen flat or concave. Now and then, however, the stools are relaxed, and the belly swollen. The skin continues hot, dry, and harsh; the tongue becomes dry and brown; sordes collect about the teeth; prostration is extreme; and the patient sinks about three or four weeks after the outset of the disease.—*Med. Times and Gaz.*, July 6, 1861.

HOSPITAL NOTES AND GLEANINGS.

Aneurism of the Temporal Artery; Cure by Compression.—As usually seen, aneurisms of the temporal artery originate in wounds produced by cupping. Mr. Erichsen has met with two cases of the kind, in which the disease was readily cured by laying the tumour open, turning out its contents, and tying the artery on each side of it.

Aneurism will sometimes follow in cases wherein this artery has been opened for the purpose of bloodletting, and injuries to the vessel are known to give rise to it. On the 1st instant we learnt of an instance of the latter in the person of one of the pupils of the above hospital, who was struck in the temple by a stone, which was followed by an aneurism. The treatment pursued, as we were informed, was exceedingly simple; it consisted of the occasional pressure of the proximal end of the vessel with the finger, whilst the subject of it was engaged in his studies, and the result has been the slow consolidation of the sac. This is a most convenient method of cure in this situation, as it obviates the necessity of inflicting a wound for the purpose of tying the vessel on either side of the tumour.—*Lancet*, August 10, 1861.

Paraplegia occurring in young Children induced by Exposure to Wet and Cold.—In three cases of this affection which occurred in the Metropolitan Free Hospital, the disease was apparently produced by prolonged exposure to cold, the depressing effects of which were heightened by combination with moisture. The ages of the patients were respectively five, six, and ten years. As the cause, symptoms, treatment, and result were almost identical in all the cases, it will be sufficient to refer at length to one case only, for which we will avail ourselves of Dr. Smith's notes.

"E. T——, aged ten years, was placed under my care, at the City Dispensary, upon the 22d of January, 1861. The child was carried in its mother's arms, as he was totally unable to walk. The lower extremities presented a wasted, shrunken appearance, thus offering a striking contrast to the trunk and upper extremities, which were plump and well developed. Upon inquiry into the case, I learned that the patient enjoyed excellent health until about six weeks previously, and that he had never suffered from any severe illness. Shortly before Christmas, the boy's father, who was then living at a distance of about twelve miles in the country, removed to London, with a view to obtaining permanent employment; and as his scanty means did not permit of his travelling otherwise than on foot, he, with his wife and three children, walked up to town. The weather was of a most unfavourable character, and the boy who came subsequently under my treatment was obliged to walk all the way through the snow and sleet, as his parents were fully burdened with various packages and the two younger children, who were carried in turns by the father, and who escaped any bad effects from the exposure beyond slight bronchial disorder. The patient complained of a sense of numbness and lassitude towards the end of the journey, and was seized, a few hours afterwards, with violent shivering, which was followed by an attack of convulsions. On regaining sensibility, he was very giddy, and vomited excessively. He was kept in bed for ten days, at the end of which period he appeared sufficiently recovered to admit of his getting up again. It was then noticed for the first time that he was unable to set his feet firmly to the ground, and that he could not stand or walk without assistance. This condition was attributed by his friends to weakness only, but as it gradually became more marked, and incontinence of urine, with occasional involuntary discharge of feces, came on, they eventually had recourse to medical advice.

"*Jan.* 22. The sensory and motor functions are entirely wanting in the lower extremities; no deviation from a healthy condition is observable in other parts of the body. There are no symptoms of cerebral disorder; but upon percussion of the spine in its whole length, a considerable amount of tenderness was detected by firm pressure at the upper part of the lumbar region; no perceptible difference could be noticed, however, upon ocular inspection. The patient was directed to have a small blister applied immediately over the seat of the tenderness; to take, every four hours, five minims each of the tincture of cantharides and of the muriated tincture of iron, in six drachms of the infusion of quassia; and, as the action of the bowels was irregular, a powder, consisting of rhubarb and jalap, with a few grains of ginger to obviate griping; a stimulating liniment (containing half an ounce each of tincture of cantharides and oil of turpentine, and two ounces of camphor liniment) to be rubbed several times daily into the paralyzed limbs. To have beef-tea and other nourishment, and a small quantity of port wine.

"29*th*. The tenderness about the spine is not of so marked a character; a slight degree of sensation has returned, and the patient said yesterday that the embrocation 'pricked' him; there is no alteration in the motor functions; the bowels act regularly, and the incontinence of urine has disappeared. To apply a fresh blister to the spine, and to continue the medicine every six hours, and the liniment as before, the tincture of cantharides being omitted.

"*Feb.* 5. The sensation is now partially restored, and the motor power is so much improved, that, with a little assistance, the boy can walk a few yards, dragging his right leg after him in an awkward manner.

"15*th*. The patient is rapidly getting better. He was ordered to have a tepid hip-bath night and morning, friction with the compound soap liniment being occasionally resorted to; to omit the cantharides from the mixture, and to increase the quantity of the tincture of the sesquichloride of iron to ten minims.

"26*th*. The boy can now stand alone, but is still unable to walk without help. Cold affusion was directed to be substituted for the tepid bathing; the mixture to be discontinued, and a drachm of the syrup of the iodide of iron to be given thrice daily in a little water.

"*March* 12. Convalescence is now satisfactorily established. From this date a continuous improvement took place, and when last seen, about the end of April, he was as healthy and vigorous as most boys at his age."

Lengthened comment upon this case is unnecessary. The circumstances connected with the boy's falling ill, coupled with the negative fact that the two younger children, who were to a certain extent protected from the depressing influence of the cold and wet, did not suffer in a similar manner, point clearly to the cause of the affection. It ought perhaps to be mentioned that in the other cases referred to, Dr. Smith employed strychnia in suitable doses. Instead, however, of finding the results so satisfactory as he expected from analogous cases which have been recorded, he was compelled to discontinue this remedial agent in consequence of the ill-effects which were produced.—*Lancet*, Aug. 17, 1861.

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Treatment of Flat Ulcers of the Rectum.—Ulcers and fissures of the rectum are amongst the most painful of the minor affections with which surgery is concerned. Where, however, any difficulty exists in such cases, it usually arises in the diagnosis rather than in the treatment. Commonly, when the seat of fissure is discovered, the division of the fibres of the sphincter by the knife offers a ready means of cure. In cases of flat ulcer, however, the same result may be obtained by milder means, as in a case treated this year by Mr. Coulson at St. Mary's Hospital. The patient was a man aged twenty-six years. He had been the subject of piles for some years, which he attributed to an early habit of taking strong purgative medicine. Three weeks before admission he had felt a violent throbbing pain in ano after action of the bowels; this was followed by the discharge of about an ounce of blood and continued tenesmus. These symptoms were renewed at each action of the bowels, until admission, the pain being severe, and lasting some hours. On examination, a somewhat deep and irregular ulcer was found by Mr. Coulson to exist in the mucous membrane within the sphincter. It was ordered that the bowels should be regulated and maintained in a condition of laxity by determinate doses of castor oil, that careful precautions for cleanliness should be observed, and that an ointment should be applied composed of a drachm of the nitric oxide of mercury to an ounce of lard. Under this simple treatment the patient made a rapid recovery, and was discharged, cured, at the end of a fortnight.—*Ibid.*

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Fracture of the Base of the Skull, with Serous Oozing from both Ears; Recovery.—The following case is another example of fracture through the base of the skull in which the pathognomonic symptoms—viz., oozing of the cerebro spinal fluid from both ears—was present. Hemorrhage from both ears occurred the first four days, after which serous oozing commenced, and continued nearly three weeks, when it gradually disappeared, and recovery took place—a result that is indeed rare, but which no doubt was greatly favoured by the youth of the patient. The last case of a similar nature which appeared in our "Mirror" (the *Lancet*, vol. i. 1860, p. 492) was one under Mr. T. Wakley's care at the Royal Free Hospital, on which occasion reference was made to the previous cases which had been published in this journal.

The notes of the following cases were kindly furnished by Mr. A. W. Wallis, house-surgeon to the hospital.

Ambrose E——, aged thirteen, was admitted May 24th, 1860, with symptoms of fractured base of the skull. He was in the employ of the Great Northern Railway Company, and while engaged at work on the line a few miles out of town he was struck on the right side of the head by the buffer of an engine slowly in motion. When picked up he was totally insensible, and bleeding profusely from the mouth and ears. He was removed to a neighbouring shed, some brandy administered to him, and, after the lapse of about an hour, he was placed on the engine and conveyed to the hospital.

On admission, he was totally insensible; countenance blanched; surface and extremities cold; pupils dilated and fixed; pulse scarcely perceptible; respiration slow, without stertor; and he was bleeding from the nose, mouth, and ears, particularly the left ear, through which air bubbles occasionally escaped. There was no external injury to any part. He was immediately placed in bed and hot bottles applied to the feet and axilla.

May 25. Remains in much the same state as yesterday; cannot be roused. Bowels have not acted; has passed urine.

26*th.* Has been restless during the night. The pulse has somewhat improved, the skin and extremities are warmer, and there appears a general tendency to reaction; but he still remains quite insensible. Bowels have not acted; passes urine.

27*th.* Has had a very restless night, and this morning, on being loudly spoken to, he mutters incoherently and again relapses. Hemorrhage from the nose and right ear, which had hitherto continued, has now ceased, but continues slightly from the left ear. Pupils dilated, that of the left eye apparently more so than that of the right, and there is also well-marked internal strabismus of the left eye, which did not exist previous to the accident. Bowels not open; urine passed freely. To have five grains of calomel at bed-time.

28th. Has passed a comfortable night. Bowels have acted freely, and he appears more sensible. This morning there is a considerable discharge from the ears, having the character of cerebro-spinal fluid.

29th. Has passed a good night; gave his name and address, but with some little confusion; bowels opened.

30th. Continues to improve; complains of pain at the back of his head and of giddiness; can move his limbs freely, and there is no loss of sensation; considerable discharge from the ears; takes beef-tea readily, to which he has hitherto been limited.

June 26. Up to this date he has progressed most favourably. No additional symptoms have arisen. All the serous discharge from the ears has now for some days ceased. His appetite is good, but he complains of slight occasional headache. The strabismus is still well marked, which at present is the only visible result of the injury. To go out to-day.

Nov. 26. Mr. Wallis, the house-surgeon, learned a few days ago, from a man who knew and had recently seen the lad, that he was then in very good health and at work, but still squinted with the left eye.—*Lancet*, June 15, 1861.

Three Successful Cases of Excision of the Knee Joint.—During the past month, Mr. Price has successfully excised the knee joint in three cases. We shall briefly notice the particulars of each, reserving a more detailed account till a future period.

Case 1.—A little girl, aged six years, had suffered from disease of the left knee-joint for upwards of a year. The origin of the mischief appears to have been a fall. For six months she had been under treatment in a London hospital. At the time of her admission under Mr. Price, it was found that the joint was completely disorganized. The surfaces of the bones were bare, abscesses had not only infiltrated the parts in immediate relationship with the articulation, but had extended upwards for some distance beneath the skin of the thigh.

Notwithstanding the great amount of disease both of hard and soft parts, and the extremely weak, hectic, and emaciated state of the little patient, the joint was excised on the 2d of May, and on the eighteenth day the patient was out of bed. On the twenty-first day she was ordered to be taken out in a perambulator. This is one of the most successful cases we have seen, and shows how, with attention to certain practical points, the best results follow this operation.

Case 2.—A girl, aged fourteen years, was sent to Mr. Price by Mr. Bishop, of Erith. The left-knee joint was extensively diseased; the leg was flexed at something less than an acute angle with the thigh. The extreme pain had produced irritation of the whole system. The left lung evidenced slight mischief, and a constant cough increased the general disturbance.

On the 23d of May the joint was excised. A large abscess was found in the internal condyle; after destroying a considerable portion of bone it had burst into the articulation. The limb was placed in an admirable position, and the patient in a few days was quite free from all pain. The case has progressed well, and the patient will have a good limb.

Case 3.—On the same day (May 23d) we saw Mr. Price excise the left knee joint of a little girl, aged six years. The articulation had two months previously been torn open by a cart-wheel. On admission, Mr. Wallis, the house-surgeon, found that synovia freely escaped. Considerable shock was sustained. Extensive suppuration, etc., followed. Large abscesses running up the thigh were opened on more than one occasion. From the inflammatory mischief it appears that the main venous channel had become plugged, as the superficial epigastric and external mammary veins showed an exceedingly varicose condition.

The joint being extensively destroyed, and little respiration taking place, Mr. Price excised the articulation. The case has continued to progress rapidly. It will be interesting to see what effect the probable plugging of the venous track will have in influencing the amount of proper repair.

In each of these cases the limb was placed in the splint Mr. Price is in the habit of using, and no alteration in position has been needed. In fact, the splints have never been shifted, although some weeks have now elapsed.

We notice that Mr. Price now always adequately adjusts the cut surfaces of the femur and tibia before the lips of the incision are closed, which plan admits of the surgeon seeing that the bones are in good apposition after the limb is firmly fixed. In each instance the joint was removed by a single transverse incision.—*Lancet*, June 15, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Non-inflammable Dresses.—The recent dreadful accident at the Continental Theatre, in Philadelphia, by which nine females lost their lives from burns caused by their dresses having caught fire from a gas burner in their dressing-room, should deeply impress upon the public mind the necessity of rendering the fine fabrics of which ladies' dresses are made non-inflammable. Indeed we had already had, it might be supposed, sufficient warnings in this respect in the recent deaths of the wife of the poet Longfellow in this country, and of Mrs. Brodhurst in London, and likewise in the deaths from the same cause, in 1858, of the Ladies Laura and Charlotte Bridgman, and Miss Plunkett, and in the case of Clara Webster, who was burnt to death on the stage. We earnestly, therefore, urge attention to the following statements:—

It is said (*Med. Times and Gazette*, Aug. 3. 1861) that "the most delicate white cambric handkerchief, or fleecy gauze, or the finest lace, may, by simple soaking in a weak solution of chloride of zinc, be so protected from blaze, that, if held in the flame of a candle, they may be reduced to tinder without blazing." Dr. Odling tells us that:—

"The various means proposed for rendering textile fabrics non-inflammable were carefully investigated a short time back by two well-known chemists, Messrs. Versmann and Oppenheim. An account of their experiments was read at the Aberdeen meeting of the British Association in 1859, and was afterwards published in the *Journal of the Society of Arts*, and in a separate form by Trübner and Co., of Paternoster-row.

"They showed that linen and cotton goods dried after immersion in a solution of one or other of several salts, possessed the property of non-inflammability, and that the best results were obtained with a solution of sulphate of ammonia, or of tungstate of soda, neither of which liquids produced any injurious effect upon the tissue or colour of the fabric. The tungstate of soda solution was found most applicable to laundry purposes, on account of its not interfering in any way with the process of ironing.

"Muslins, etc., steeped in a 7 per cent. solution of sulphate of ammonia, or a 20 per cent. solution of tungstate of soda, and then dried, may be held in a flame of a candle or gas-lamp without taking fire. That portion of the stuff in contact with the light becomes charred and destroyed, but it does not inflame, and consequently the burning state does not spread to the rest of the material."

New Lecture Room at the Philadelphia Hospital.—We are happy to see it stated (*Medical and Surgical Reporter*, Sept. 14) that this important improvement is nearly completed. "It has the form of an amphitheatre, capable of seating about five hundred persons, and is well lighted and ventilated. It will be convenient of access for patients by separate entrances from male and female wards on the different floors of the hospital. Adjoining the lecture room on one side is the laboratory, and the room of the Curator of the Museum, and on the other the dead-house, including its conveniences for pathological research. The location of the lecture room is on the north side of the hospital building, making it very accessible from the gate opening into the hospital grounds.

"The liberality of the managers of the hospital in opening its great clinical advantages free to all students, and the erection of a commodious lecture room for their convenience deserves the commendation of the profession."

Medical Department of the University of the Pacific, at San Francisco, Cal.—Dr. L. C. Lane, late of the U. S. Navy, has been recently appointed to the Chair of Physiology, and Dr. Henry Gibbons has been elected Professor of Materia Medica in this Institution.

Jefferson Medical College.—Dr. Wm. V. Keating, lately elected to the chair of obstetrics in this school, has been induced by impaired health to resign. Professor C. D. Meigs, the late eminent occupant of the chair, has been requested by the Board of Trustees to perform its duties during the ensuing winter, and it is said that he has consented.

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Boylston Prize.—This prize, consisting of sixty dollars or a gold medal of that value, has been awarded to Dr. R. M. Hodges, of Boston, for the best essay on the excision of joints.

FOREIGN INTELLIGENCE.

Smallpox in Prussia during 1859.—From the report just published on the authority of the Prussian Government, we extract the following figures. A great decrease of smallpox occurred in 1859 as compared with 1858, for while in the latter year there were 30,843 cases with 2,789 deaths, in the former year there were but 16,035 cases with 1,371 deaths. Of the 16,035 cases occurring in 1859, there were 4627 among children (*i. e.*, under 15 years of age), and 11,408 amongst adults; and of the 1,371 deaths, 569 occurred among children, and 802 among adults—the mortality in the whole number being 8 per cent.; among children, 12 per cent., and among adults, 7 per cent. Of the 16,035 cases, 13,364 had been vaccinated, and 2,671 had not been. Of the vaccinated, 6 per cent. died; 7 per cent. among the children, and 5 per cent. among the adults. Of the non-vaccinated, 20 per cent. died; 23 per cent. among the children, and 17 per cent. among the adults. Among the cases, 591 had been re-vaccinated, and of these 42 died.—*Med. Times and Gazette*, September 7, 1861, from *Berlin Med. Zeitung*, 1861.

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Tobacco and its Effects.—At a recent meeting of the Society of Emulation at Rouen, a paper was read by Dr. Dumesnil, on tobacco and the effects attending its use, of which the following is an abstract:—"The custom of smoking is spreading through the whole world. The tobacco-producing countries have the greatest difficulty in providing for local wants. In America the consumption augments more rapidly than the supply. According to late statistics, the quantity of tobacco used in the New World annually is in weight equal to the bread consumed by ten millions of individuals in England. England, a country which does not produce tobacco, yearly consumes 30,000,000 lbs. of that plant drawn from America, and during the last ten years her consumption has increased one-fourth. In Hamburg, the population of which is only 150,000, as many as 40,000 cigars are consumed per day. In Denmark the annual average consumption is 4 lbs. per head for the whole population. In Holland the proportion is still higher. In Austria the cultivation of the tobacco plant occupies 100,000 acres of good land. In 1854, the consumption of tobacco in the whole world amounted to 506,000,000 lbs., being an average of 9 ounces for each person. Calculating that tobacco contains on an average 3 per cent. of nicotine, it will be seen that there are annually consumed on the globe, 15,180,000 lbs. of a poison of which a few drops are sufficient to cause death."—*Lancet*, Sept. 7, 1861.

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The Cause of Fermentation.—In a recent communication to the Academy of Sciences, M. Pasteur, whose labours on fermentation are highly appreciated, gives an account of a curious microscopic insect, which is not merely produced during the process; but which is actually the cause of it. In lactic fermentation various substances are produced, viz., lactic acid, gum, mannite, butyric acid, alcohol, carbonic acid, and hydrogen. M. Pasteur having found that the vegetable ferment which transforms sugar into lactic acid, differs from those which produce gum, and which in their turn do not produce lactic acid, soon ascertained that none of those produced butyric acid. The existence of a special butyric ferment was therefore highly probable, and after many experiments, during which M. Pasteur vainly endeavoured to get rid of the infusoria which infested his preparations, he was at length struck with this curious pertinacity, and at length came to the conclusion that these infusoria were themselves the ferment which he was in search of! This view was speedily confirmed by a great many experiments, which showed that the transformation of sugar, mannite, and lactic acid into butyric acid was exclusively due to these animalculæ. Their form is that of small cylindrical rods, rounded off at their extremities, generally straight, and connected together in chains of two, three, or four links each, sometimes more. Their length does not exceed the fifteen-thousandth part of a *millimètre.* These diminutive creatures advance with a creeping motion, their body remaining nearly rigid, or at best experiencing but slight undulations. They are often bent at one or both of their extremities, but this seldom happens in their youth. They are fissiparous, that is, they multiply by separation, one link after another dropping off from the parent animal, and becoming a parent of others itself. These vibrios may be regularly sown in any medium which affords them appropriate nourishment; but the most singular circumstance connected with them is, they can live and multiply without the assistance of the smallest particle of air or free oxygen; nay, air and oxygen kill them; while a current of carbonic acid, a most deleterious gas, as we know, may be made to pass through the liquid in which they are without affecting them in the slightest degree. This is the first instance on record of animal life being supported without free oxygen.—*Ibid.*

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What Constitutes Evidence of Live Birth.—Vice-Chancellor Sir J. STUART decided a very curious point in medical jurisprudence the other day in the trial of Brock *v.* Kellock. Upwards of twenty years ago, a medical man died without a will, leaving property and a widow, who was pregnant at the time of his death. As his widow, she succeeded to a portion of the effects; but in case of her having a child, and the child dying, she became, as the heir of her own offspring, entitled to a further portion. She was delivered by Mr. Freeman, now of Plymouth; and the question was, did the mother give birth to a live or a dead child? Mr. Freeman distinctly stated in his affidavit that the funis pulsated after the separation of the cord, and that the child moved vigorously a minute before birth. He could not swear to the fact of respiration having taken place, but he remembered that the chest was full and arched, and he believed it must have breathed, because it was his usual practice not to divide the funis until respiration had taken place. He also placed the child in a warm bath, and he stated that he should not have done this had he not considered the child alive and capable of resuscitation. His distinct opinion was that the child was born alive, but weak; and that it died shortly after birth from the effects of a severe labour.

Dr. Robert Lee, in an affidavit, contested, in the strongest manner, the statement and opinions of Mr. Freeman. He thought it very likely that the pulsation in the finger and thumb might have been mistaken for the funic pulse. He maintained that the action of the heart, supposing it to have taken place, was no proof of life such as should be established, because the heart of animals would contract for hours or days after separation from the body. In his opinion, respiration was necessary to establish the fact of live-birth. He further said Mr. Freeman had testified that respiration had not taken place, and that no medical man would dare to give a certificate of live-birth in such a case. Dr. F. H. Ramsbotham concurred generally in the affidavit of Dr. Lee.

Dr. Tyler Smith, in his affidavit, said the pulse of the adult and the beat of the funis were so different, that the mistake supposed by Dr. Lee was not likely to have been made. He contended that a child whose heart was beating after its separation from the mother could not be said to be dead; that the beating of the heart of the lower animals after separation from the body could not apply to the human infant; and that, even in these cases, it was an evidence of vitality. There was no proof of respiration having taken place; but Mr. Freeman's opinion upon this point was the best that could be had, and Dr. Smith showed that Dr. Lee was wrong in stating that Mr. Freeman had said no respiration occurred. He thought medical evidence was limited to the proof of life or death in a physiological point of view; that the law must decide what constituted legal life. He mentioned that medical men sometimes gave certificates of still-birth when the child moved and made attempts at respiration, if it did not fully recover itself after birth. His conclusion was, that it would be better to take a single vital act, such as the beating of the heart, which had been considered by physiologists the *primum vivens, ultimum moriens*, as a proof of live-birth, than the movements of respiration, which were often not fully established for some time after birth.

The Vice-Chancellor in his decision entirely affirmed Dr. Tyler Smith's view of the case, the good sense of which he greatly commended, and expressed his surprise that a man in Dr. Lee's position should have made such an affidavit. He held it proved that the child had been born alive, and refused the costs of the medical evidence on the opposing side. Dr. Alfred Taylor made no affidavit in the case, but was appealed to by Dr. Lee, and gave an opinion in favour of live-birth. This decision is of importance, inasmuch as it will go far to form the law, which has hitherto in this country been unsettled, upon the point at issue.—*Lancet*, May 11, 1861.

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Basins and Reservoirs for the Water Supply of Paris.—M. Bouchut communicated to the Academy of Sciences the results of his visits to the basins and reservoirs of the city of Paris, from which the water descends by numerous pipes to the water-posts of the streets and to the cocks of private houses. These visits generally took place in warm and stormy weather, and in the sun. The object of the first was the inspection of the racine reservoirs, near the Odeon. These basins, three in number, are open, surrounded by dwelling houses, which convey to them a great quantity of dirt. Near the basins are trees, from which leaves, seeds, and caterpillars are constantly falling; a little farther on, the flue of a factory pours forth masses of soot, a part of which is to be found floating on the surface of the water. These reservoirs are emptied every three months and cleaned out, and at the bottom is found a layer of filamentous, blackish weed about an inch and a half thick. The water, which is thirteen feet deep, appears dirty, and at times holds in suspension myriads of yellowish particles, which give it the appearance of a thick, muddy emulsion. On drawing a bucketful of this water, it is found full of living animals. The tanks of the Pantheon are isolated from all habitations and consequently better situated than the racine reservoirs; but as they are also open, their water often holds in suspension a countless host of living creatures, which, to use M. Bouchut's expression, may be taken up by the spoonful as in soup. Now, this description is not exaggerated, and, it must be confessed, is applicable to all water contained in open reservoirs, whatever its origin. If, on the contrary, you penetrate with M. Bouchut into the subterranean reservoirs, where, being at a tolerably low temperature, the water never receives the solar action, the water, whatever may be its source, is perfectly limpid, very pure, and contains no living body in suspension. Such is the case with the Arcueil water at the Observatory and in the reservoirs of the Pantheon, and with the Seine waters in three of the basins of Passy, and with the Pré Saint-Gervais waters in two of the reservoirs of Popincourt.

It is obvious that the Paris waters, at least in summer, deteriorate unequally, and that those which are collected in open drains are infinitely less good than those that are sheltered from air, light, and sun. M. Bouchut's inspection likewise proves that among the covered waters, those which are in aqueducts and subterranean reservoirs are preferable to those which are preserved, as is shown in a specimen at Passy, in covered reservoirs, above ground, without an arch, thick enough to protect them from the action of the heat. M. Bouchut is of opinion that the basins might be advantageously covered with a double arch; the first, not thick, above the water, to protect it from light, air, and the sun; the second, thinner, placed at about a yard's distance, to prevent the first from being heated by the solar rays. The disinfection of the reservoirs might be effected by cleaning them out at least once a month during the warm weather, and after having drained off the water, burning sulphur under a canvas awning, in order to prevent the fermentation of weeds and of the remnants of vegetable or animal infusoria.—*Journ. Pract. de Méd. et de Chir.*

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Health of Soldiers.—The following remarks in a late No. of the *Lancet* (Aug. 17, 1861), have great value at this time, and are well worthy of the consideration of the people in this country.

"Every scientific physician must have felt and deplored the constant waste of valuable experience as to the influence of external agents upon life under the infinitely varied conditions to which we submit our soldiers and sailors. Every Englishman has been made to feel, either in his domestic affections or in his purse, the danger and the folly of thus throwing away that experience, and of neglecting the teaching of medical science. The authorities have at length arrived at the conviction that there is an inseparable correlation between the preservation and the efficiency of armies and submission to the laws of medical science and financial economy. The principle reiterated over and over again by all our great army surgeons, that it is cheaper as well as more humane to keep ten thousand veterans in health and readiness for service than to be ever recruiting and training new men, is at last appreciated. A good soldier, like a good craftsman of any other kind, is a valuable production; he cannot be replaced in a day; once possessed, he is deserving of the most studious care."

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Laying of the First Stone of the Jews' Hospital at Norwood.—The ceremony of laying the first stone of the Jews' Hospital, at Lower Norwood, was performed last week by Sir Anthony Rothschild, Bart., in presence of a numerous assemblage. The institution is destined to be a *rénaissance* of the venerable hospital at Mile-end, one of the earliest charitable institutions of Jews in England. This building, besides the fact that it was never very well adapted to its purpose, is now in a state of some dilapidation. As soon as it became a matter resolved upon that a more commodious edifice should be erected, there were not wanting friends ready to emulate the example of the original founders of the charity; and more than one offer of land was made for a site on which to found the new building. Mr. and Mrs. Barnett Meyers have given eight acres, in the most advantageous part of Lower Norwood, for this purpose. The ground lies a little off the road, opposite the railway station, on a commanding rise, and is at once picturesquely and salubriously situated.—*British Med. Journal*, June 15, 1861.

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British Medical Association.—At the recent annual meeting of this association, Dr. Wm. A. Hammond, Asst. Surgeon U.S.A., was elected an Honorary corresponding member. This is a high and well merited compliment to our industrious and learned confrère.

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British Pharmacopœia.—It appears, from a recent report of Dr. Garrod to the medical council, that this anxiously expected work is approaching completion, and that its publication may be expected at the end of the present year.

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Sir Benjamin Brodie.—We learn that this distinguished ornament of our profession, who was unnecessarily subjected last year to the operation of iridectomy, and afterwards operated on for cataract, has quite recently been again operated on for the formation of an artificial pupil, and we are told with a fair prospect of restoration of sight. The same was said of the previous operations, but we trust that the venerable head of the British Medical Profession will not meet with another disappointment.

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Cooked Meat for the Labouring Classes.—A great cooking depot has recently been opened in Glasgow for the sale of food at a remarkably cheap rate, and has become an extensive affair. The shops and saloons now number six. During one week the number of rations sold and consumed amounted to upwards of 20,000.

—

Homœopathic Consultations.—The countenancing by regular physicians and surgeons of the globulistic humbug by consultations with the followers of that delusion will now cease in Great Britain. The British Medical Association at its last meeting adopted the strongest resolutions denunciatory of such consultations or meetings, and Mr. Fergusson, of London, who has lately been visiting patients who were at the time under the care of homœopathists, has promised to reform his conduct for the future, as will be seen by the following letter to the editor of the *Lancet*.

"Sir: The explanations I offered in your journal of the 20th ultimo, regarding my alleged communion with homœopaths, not appearing satisfactory to the profession, I beg to state that, *for the future, I shall feel it incumbent on me to decline any meeting or so-called consultation with homœopathic practitioners.*

Enjoying a large share of professional confidence, and holding various important public appointments, I should consider myself unworthy of such honour were I, at the present time, to offer any objections to the expressed wishes and declared opinions of my professional brethren.

I am, sir, your obedient servant,

Wm. Fergusson, F. R. C. S.

George-street, Hanover-square, Aug., 1861."

—

Obituary Record. — Died in Dublin, suddenly, July 19th, Francis Rynd, Esq., one of the Surgeons to the Meath Hospital, and author of a work on Stricture and other Diseases of the Male Urethra.

—— on the 20th of August, Prof. J. I. Quackett, F. R. S., Professor of Histology in the Royal College of Surgeons of England, and Curator of the Hunterian Museum.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Gonorrhœa and Imaginary Spermatorrhœa. — Given at St. Mary's Hospital June 14th, 1861. By THOS. K. CHAMBERS, M. D., etc.

GENTLEMEN: In bed No. 7, Cambridge ward, is a man whom I have just discharged as "*cured*" of rheumatic fever under the alkaline treatment as rapidly as usual. My reason for calling your special attention to the case is, that at the same time that he got acute rheumatism he had also contracted gonorrhœa. The rheumatism was not gonorrhœal, as was shown by its metastasis, by its being situated in the muscles, and by its rapidly yielding to ordinary alkaline treatment. Nor was the urethral discharge rheumatic; it was, as the patient well knew, derived in the usual way from the contagion of an animal poison or *virus*—gonorrhœa *viru*-lenta. It is only by the accident of their having other complaints that such patients are admitted into the wards, being usually treated as out-patients; and I am always glad to have them, in order to take the opportunity of teaching you a few important facts concerning the pathology of the disease. The poison of gonorrhœa, as a rule, attaches itself to the urethra alone, and (like all animal poisons on mucous membranes) has a tendency to run a definite course, to exhaust its virulence by the formation of pus, and so to cure itself. I always, therefore, leave these hospital cases quite alone for your instruction; and, if they are recent, you see them get quite well of their own accord: sometimes in four or five days, as happened in the case before us; sometimes after a longer period; but always without any unfavourable symptoms. The fact is that gonorrhœa is naturally, in both male

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and female, a most mild disease, with power to get well in about a fortnight by the simplest treatment, if only it is not made severe by the folly of the patient or his medical attendant. I consider all primary heroic treatment of urethral discharges a most unjustifiable interference with nature.

Doubtless a good many patients are tough-enough to bear without ill consequences local tampering with urethra; but very frequently you will have stricture and swelled testicle follow, and every now and then you will have a result which will weigh on your conscience for the rest of your lives. You may have the blood of a fellow-creature on your head.

Capable as the urinary mucous membrane is of taking care of itself and getting rid of poisons which are in a manner natural to it, it resents foreign irritants; and it resents them most particularly when it is not guarded by a purulent coating and is in a healthy state. As an example of the fearful consequences which may follow unjustifiable interference with it, I will relate to you the history of a private patient whom I have lately attended with Mr. Lane, premising that the facts are taken from a deposition solemnly made by the poor fellow when he found his death approaching.

"Mr. S——, aged twenty-one, had a congenital phymosis, which prevented the complete retraction of the prepuce for purposes of cleanliness, and so caused an occasional thick discharge from the glans, which exhibited its sebaceous oily nature by being with difficulty washed off from his flannel underclothing. He said he had never experienced any difficulty or pain in making water; the urine was clear and healthy; there was no irritability of bladder during the late severe winter, and his general health was strong. He had every few weeks the usual nocturnal emission of robust youths. In an evil hour, as he informed me, he went to Mr. R. Dawson, of Finsbury-circus, to have the phymosis removed. This was on a Friday, and the following Monday he went to show that the slight operation had succeeded, and that the place was healing or healed. But unfortunately he alluded to the discharge above mentioned, and in his ignorance suggested that it might be seminal. *Without asking any questions about the symptoms*, as he informed me, Mr. Dawson then and there passed into the urethra an instrument like a catheter, with a central piece and lateral holes. This instrument was filled with an ointment, of the consistence of lard,[1] which was injected out from the instrument by means of an apparatus at the end. Very slight pain was produced by it. He continued to attend Mr. Dawson every Monday and Thursday, and had the instrument passed. Usually the ointment appeared to be injected about three inches into the urethra; but twice it was thrown up into the bladder, as the patient judged by his sensations. A fortnight after the instrument was first passed, irritation in the region of the prostate gland and in the perinæum commenced; he passed urine with difficulty, and pus was discharged from the urethra with and without the passage of urine. The patient being then thoroughly alarmed, wrote to me, and I went to see him on May 17th, and found at the house Mr. Dawson and a medical man, named Venables, whom he had brought with him. It appeared from the patient's statement that Mr. Dawson had again passed a catheter smeared with some brown tincture, and drawn off a quantity of turbid urine. He heard that I had been sent for, proposed to leave the case in my hands, and disappeared from the scene. On examination of this turbid urine, it was found to consist in a great measure of thick pus, and I had no hesitation in arriving at the diagnosis of artificially induced inflammation of the bladder. The treatment adopted, without any disagreement, by my colleague, Mr. Lane, and myself, was simply calmative. It is unnecessary to detail the progress of the case. Suffice it to say that it ended in death on the 30th of May, and that a post-mortem examination was made by Dr. Broadbent. The bladder, which I here show you, was in an advanced stage of inflammation, the fundus ulcerated, denuded of its mucous coat, and resembling sloughy cellular tissue. The inflammation had extended also up the ureters to the kidneys, which were soft, congested with blood of a chocolate-brown colour, and disorganized. This appearance has been partially obliterated by the spirit in which the parts have been preserved; but enough remains to show you what extensive inflammation may be set up by artificial irritation of the urinary mucous membrane."

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[1] The nature of this ointment I do not know for certain, but I find in a volume presently to be alluded to, that Mr. Dawson usually employs "an ointment of iodine and chloride of zinc, applied by means of an instrument constructed for the purpose."

I hope this case will remain in your minds as a ghastly reminder not to interfere unnecessarily with a healthy urethra. There is no reason to believe that this young man ever had anything the matter with his urinary passages previous to the unfortunate direction of his attention to them. What was the commencement of this? Not any symptoms, but I fear the selfish suggestions of one of our own profession; for on opening his drawers after death the first book that presented itself was a volume on "Spermatorrhœa," by Richard Dawson, "with the author's compliments."[1] From this doubtless he had imbibed the notion which led to his death; and upon the circulation of such books amongst non-professional persons rests clearly the infection of their minds with the foul ideas on this subject so rife in the present day.

Real spermatorrhœa is a most rare, almost unknown disease. If you ask all the physicians and surgeons of prominent standing, the hospital staffs in this metropolis, they will tell you they are doubtful if they ever saw a decided case. But of *imaginary* spermatorrhœa they have almost daily instances in private practice. Persons whose minds are unhinged with the horrid suggestion are constantly coming before them; and if the poor creatures will confess to the source of their impression, it may generally be traced to the reading of beastly books or advertisements in the newspapers. You could scarcely imagine how enormous is the circulation of these publications; under specious titles, they are advertised at the cost of about £20,000 a year, and are sent all over the globe. When travelling with the Prince of Wales two years ago, I found them wherever I found Englishmen; and a captain in her Majesty's navy told me he had caught them in the hands of his midshipmen in the Mediterranean.

The nature of the cases under the delusions of these ingenious traps, and presenting themselves to you as spermatorrhœa, are various. There are:—

1. A gleety discharge from slight stricture.

2. A similar discharge from pure debility, exactly analogous to leucorrhœa in the female. This is common in the active minded, who use much mental exertion at night, such as students cramming for examination, etc.

3. Incapacity to complete the generative act from mental agitation. This happens to new-married men from modest respect, and to the unmarried from consciousness of sin, and disgust towards the female. The same mental agitation produces simultaneously indigestion and a deposit of lithates in the urine, which is then supposed to be semen.

4. Nocturnal pollutions, arising solely from the habit of oversleeping; but rarely affecting the health, except secondarily through the mind.

5. Slight epileptic fits.

6. Simple delusions, grounded on no symptom, but taking this form on account of the secret publicity given to the gross exaggerations and falsehoods contained in the books I have alluded to.

7. The fallacies which harass these poor people are often the more deeply ingrained by the consciousness of dirty habits in their boyhood, though probably those habits have been long left off, and have never been practised to the extent of injuring the health. But sometimes you will find patients complaining of "spermatorrhœa" half with the idea of deceiving, and half as a euphemistic way of telling you that they are still addicted to self pollution.

These are the most common of the cases you will see. When you first enter upon practice, their extreme frequency, combined with the entire absence of the complaint supposed to exist, is a great surprise to you. But I trust no pupil of St. Mary's Hospital will ever be led to sacrifice the interests of truth by pandering to the unhappy error of the patient. He may make his purse heavy, but his conscience will be weighted in double proportion, and sooner or later he will most surely be found out and held up to the scorn of his brethren.

Strange to say, education does not at all guard people against these fallacies. Within the last three months I have had under my care a young medical man in active practice, an experimental physiologist, and an observant civilian in the Indian service, with imaginary spermatorrhœa. Two of them were anxious to marry, and were refraining from causeless fear. You will be obliged to have your wits about you, to argue and to reason instead of pooh-poohing, and it will give you much intellectual exertion to convince your patient that he is not ill. But it must be done or tried at, or else you will deserve to be kicked out of the profession, and will run a fair chance of getting your deserts.—*Lancet*, June 15, 1861.

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[1] While alluding to this publication, I must take the opportunity of defending a body to which I have the honour of being an officer from a statement which the volume bears on its title-page. Mr. Dawson describes himself as a "licentiate of the College of Physicians." He never was so, neither does his name even appear on the list of extra-licentiates last published.

HOSPITAL NOTES AND GLEANINGS.

Death while under the Influence of Chloroform.—Two cases of this accident are recorded in a recent No. of the *Medical Times and Gaz.* (Sept. 28, 1861).

The *first* case occurred in the Cumberland Infirmary. The subject of it was a man 35 years of age, carpenter, admitted Aug. 17, 1861. A year ago he received an injury to his urethra, two inches from the penile orifice. He then had complete retention of urine, on account of which he became an inmate of an Infirmary, where he was relieved by tapping the bladder; and afterwards no catheter was got through the stricture.

During the last few months his urine has passed by drops. In this state he was admitted into the Cumberland Infirmary, and after several ineffectual attempts to pass a small catheter, and owing to the sensitiveness of the parts, it was proposed to do it under chloroform, to which the patient readily agreed.

On the 5th inst. chloroform was administered, by Mr. Devereux, the House-Surgeon, by means of a small piece of lint made in the shape of a cone. Two drachms were used. Insensibility was produced in the usual way, without the patient exhibiting any unusual symptoms. The lint was then removed from the mouth, and Mr. Page commenced the operation. In about two minutes afterwards a sudden change was observed in the expression of the patient's face. The lips became livid, the eyelids were half open, and the pupils were much dilated. He was then observed to take a deep inspiration, and the pulse ceased almost immediately. Galvanism and artificial respiration were resorted to, and kept up for twenty minutes, without producing more than three or four spasmodic efforts at inspiration.

At the post mortem examination, next day, the heart, lungs, and liver were structurally healthy, but slightly congested. The blood was fluid throughout the body. The whole structure of the left kidney was converted into ten cavities, varying in size from a hazel-nut to a pigeon's-egg, separated from each other by thin walls. Their interior was filled with a mixture of pus and a thinner clear fluid. The left ureter was much thickened, and filled with thick purulent matter. Right kidney weighed six ounces and a-half, and appeared quite healthy, with the exception of its increased size. The walls of the bladder were thickened, and the urethra corresponding to the seat of obstruction was found nearly obliterated by a hard cicatrix.

The *second* case occurred in the New-Castle-on-Tyne Infirmary. The subject of it was a man aged 32, admitted Aug. 15, 1861, under the care of Mr. Annandale, for scrofulous disease of the left knee-joint. Amputation was proposed, and to this he consented, though the idea seemed to fill him with alarm.

On Tuesday, September, 3, being operation-day, he was prepared with others for operation, but being in a state of great trepidation he was ordered brandy prior to being removed to the operating-theatre. On being placed on the operating table he was still labouring under considerable alarm. Mr. Bolten, the House-Surgeon, in the presence of Sir John Fife, Mr. Annandale, and other gentlemen, administered chloroform. He was readily placed under its influence, without any respiratory or muscular excitement whatever. There was no more than two drachms of chloroform used, dropped in the usual way upon a simple fold of bandage held over the nose, and the tourniquet was being applied to the limb, when a sudden relaxation of the sphincters took place, the pupils dilated, the pulse ceased, and respiration continued but a few seconds after. Galvanism, artificial respiration, and other means were promptly resorted to without avail. He was dead.

At the post-mortem examination the right side of the heart was found gorged with blood, as might have been expected in death from cardiac syncope. There was no pulmonary congestion, and further than might be expected in a scrofulous subject, there was no evidence of disease in any of the internal organs.

Wounds into Joints.—A boy, aged 12, was admitted into St. Bartholomew's Hospital, in July last, with a small wound on the inner side of his knee-joint. It was difficult to ascertain with accuracy the time or the nature of the cause, which, however, had occurred several days prior to his admission. Some four or five days afterwards, Mr. Smith extracted a pin from the wound, which had obviously penetrated the joint, from which synovial fluid now escaped for several days. The fluid became purulent and copious; the joint hot, swollen, and extremely painful. Matter collected under the skin in the neighbourhood of the original wound, which required a second puncture. Large flabby granulations, almost invariably accompanying wounds into joints, formed around the two orifices, and existed for a month. The granulations at length subsided, the wounds healed, and the joint regained its normal size and appearance. Can this boy recover the former mobility of the joint, or is anchylosis inevitable? I believe it quite possible that the functions of the joint may be restored. I have had two cases of wounds into the knee-joint, in which discharge of synovia, of many days' duration, was followed by the free escape of pus from the cavity of the joint, continuing for a fortnight in one case, and ten days in the other; and in both cases the joint entirely recovered its functions. Of the restoration of the joint in the above case, however, I am not sanguine, from the protracted nature of the disease, the progress of which occupied a term of many weeks. The subject has not been investigated, so far as I know, but it is not devoid of surgical interest.

—

Excision of the Knee-Joint.—In our preceding number (p. 167), we noticed three cases of excision of the knee-joint, performed by Mr. Price, at the Great Northern Hospital. The patients, at the date of the report, were still in hospital. They left shortly afterwards, with a good and useful limb.

In two instances, girls of the respective ages of about five and a half and seven years, the union was primarily fibrous and flexible; but in the third case, a girl, fourteen years of age, the junction between the cut surfaces of the femur and tibia appeared, after the lapse of nearly seven weeks (at which period the splint was for the first time shifted), to be of a firm, osseous character. In fact, in every instance the operation has been attended with the most complete success.

We have now to notice the following, which is a *fourth* case.

The patient, a girl, aged eleven years, had been the subject of extensive disease of the left knee for a considerable time. At the date of her admission into the Great Northern Hospital, she stated that she had been a patient at two metropolitan hospitals, where the limb had been blistered, issued, &c. The joint was greatly swollen, and at one part fluctuation could be readily distinguished. The pain, especially at night, was considerable. The leg had become fixed at a right angle with the thigh, and the tibia appeared dislocated backwards and inwards. The patella was tightly fixed to the external condyle.

Amputation or excision being the only admissible operation, Mr. Price, after having kept the child in hospital for some time, so as to improve her emaciated condition, excised the vitiated articulation on August 8th.

A large abscess was found occupying a considerable extent of the joint, the cartilages in parts were entirely removed, and the bone was rough and ulcerated. The pus which flowed away on opening the joint showed that it had been in contact for some time with decayed bone. About an inch and a quarter was removed from the end of the femur, and a very thin slice from the head of the tibia. The inner portion being excavated by a large abscess, the gouge was freely used to scoop away all disease. The patella was likewise taken away. The bones came well into apposition, and the limb was fixed to the splint Mr. Price is in the habit of using. There was little bleeding, and we noticed that, ere the lips of the single line of incision were united, the limb was permanently adapted to the apparatus. By this arrangement, the surgeon can be quite certain that the ends of the bones are, after adjustment of the extremity, in accurate apposition.

Owing to the distortion which existed, the hamstring tendons of both sides were divided, which saved the necessity of removing a still greater extent of bone.

The patient has, up to the present time, continued rapidly to improve in health, and there is every prospect of her soon leaving the hospital with a good and useful limb.

It was astonishing to notice how very little shock, if really any, followed this operation in every instance. The perfect adjustment of the ends of the bones, the immovable position in which the limb is maintained, and the great care taken in the dressing of the wound for the first week, are the chief secrets of the success of this operation.

—

Detachment of the Epiphysis of the Radius in both Arms.—A boy, aged eight years was admitted a few weeks ago into the London Hospital, on account of injuries sustained in a fall from a tree. He was suffering from concussion, and could not give a clear account as to the exact manner in which he fell; but it was almost certain that he had fallen forwards, pitching on his outstretched hands, and afterwards striking his head. The deformity was most marked in the right wrist, where it was so great that the receiving-room porter announced the case to the house-surgeon as "a dislocated wrist, sir." As usual in these cases, which by untrained observers are considered to be dislocations of the wrist, the lesion proved to be a detachment of the extremity of the radius. By extension all deformity might be removed. No crepitus was felt. In the left wrist the state of things was exactly similar, but the deformity not so great. Both were put up in splints in the usual manner.

The boy remained in the hospital about a fortnight, on account of his head symptoms, and from which at the time of discharge he had wholly recovered.

Three weeks after the accident the epiphyses were firmly united to the shafts, with, however, a large amount of thickening and some displacement forwards.

Mr. Hutchinson remarked to the students that this was the first instance of a symmetrical detachment of the radial epiphyses which he had ever met with. He had, however, several times seen Colles's fracture of the radius in both arms, and it was to this accident in the adult that detachment of the epiphysis in children was analogous. Both forms of injury usually resulted from falls forward on the palm of the hand. In young persons the epiphysis slipped off, whilst in those whose bones were fully ossified, fracture took place across, or very near to, the line of union. Detachment of the epiphysis, although but little spoken of in books, is by no means rare in practice. It is true that Colles's fracture in adults is very much more common than is detachment in children. But then we must remember that fracture of the clavicle, which is due to the same form of violence, is much more common in children than in adults. At University College Hospital alone, during a single month, there were as many as twenty cases of clavicular fracture in children, as we were informed by Mr. Lyons, the house-surgeon. As a rule, it requires much greater force to detach an epiphysis than to break a fully ossified bone, and it is to this fact that we must refer the disproportion alluded to.—*Lancet*, Aug. 24, 1861.

—

Rapid Absorption of Pus from the Anterior Chamber of the Eye.—If any of our readers still doubt as to the possibility of the absorption of pus the following case may be of interest. It illustrates an event which is not at all unfrequent in the practice of our ophthalmic hospitals, though the process was certainly more rapid than usual:—

Richard D., a boy, aged 6, was admitted under Mr. Dixon's care, at Moorfields, on Thursday last. His right eye was acutely inflamed, there being a central ulcer on the cornea and hypopyon. The quantity of pus in the anterior chamber was, perhaps, about two drops, it was quite fluid, occupied the most dependent part of the chamber, and moved on motion of the head. There had been no known injury, the inflammation having commenced spontaneously with much pain three days before. The boy appeared out of health and feeble. He had already been well purged. A blister was ordered to be put behind the ear, and a grain of quinine to be taken three times a day. When the boy attended on the following Monday *every vestige of the pus had disappeared*, and the whole aspect of the eye was greatly improved.

The result of this case cannot but be instructive to those who advocate paracentesis of the anterior chamber in hypopyon. With regard to the general question of the absorption of pus, we may ask, why should not that occur in abscesses, in empyema, in suppuration of joints, which we see so clearly and so frequently in cases of purulent effusion into the anterior chamber of the eye?—*Ibid.*

Oxidation of a Silver Canula persistently worn for Six Months after Tracheotomy.—There are certain instances of extensive disease of the larynx in which tracheotomy has been performed, that require a canula to be constantly worn, unless a permanently patulous opening remains, which obviates its use. When an instrument is thus worn, it should regularly be removed to permit of its being cleansed; for if this precaution be neglected, the silver becomes oxidized, and the tube so thin and brittle that it is liable to break in the trachea, and become lodged as a foreign body. An instance where this was nearly happening occurred in the month of June at Guy's Hospital. A woman, aged about forty-five years, underwent tracheotomy for extensive syphilitic disease twelve months before, by Mr. Bryant. She made a good recovery, and was directed to present herself every three months to have the canula changed. On two occasions this was done, but she allowed six months to elapse before presenting herself the third time. The consequence was, that on drawing out the internal tube, some blood followed, and on withdrawing the other, it was found to be a mere shell of metal from oxidation, and was on the point of breaking into several pieces. It was covered with black oxide of silver, which, on friction with the fingers, resembled soot. The inner tube, although discoloured, was not otherwise injured. The outer tube was perforated here and there, and was friable on removal. Had it been retained but a very short time longer, the patient would have run a great risk of suffocation from the lodgment of any separating fragment. Another canula was now introduced, and the patient left the hospital.—*Lancet*, Sept. 14, 1861.

—

Housemaid's Knee.—Mr. Skey has purposely admitted into St. Bartholomew's, a large number of cases of this affection, and they may be supposed to have presented every variety of form, character, and stage of progress. "I am not sanguine enough," he observes, "to entertain the hope of shaking the confidence of many surgeons in the efficacy of blisters and tincture of iodine, which may be applied and reapplied for months without the smallest impression on the disease, so far as I have witnessed their effects. Indeed, with respect to the latter agent, I regret to say that I know of no chemical or therapeutical agent in such general resort as a local remedy in disease which is so commonly inoperative for good; and in these bursal diseases it appears to me to be especially so. If a full-sized thread be passed through the centre of the swelling, be it large and hard, giving the sensation of a solid mass, but in the centre of which is always found a small cavity or fissure; or be it soft, and containing fluid, whether large or small, suppuration in the course of from two to five or six days, will inevitably follow. The thread may then be removed. The disease is converted into an abscess, and may be treated as an abscess. I may assert, without exaggeration, that I have cured from 100 to 200 cases on this simple principle. No other caution is necessary beyond the removal of the thread when the orifices through which it has passed indicate the inflammatory action incidental to its presence.

"The same agent, and on the same principle, is equally applicable to *ranula*. Indeed, it is quite remarkable with what rapidity this disease recedes under the action of the thread, whether the cyst be of average or of the largest size. Of the latter I have reported some, and treated several of such magnitude as to require the lower end of the thread to be brought out in the neck at some distance below the base of the jaw."—*Lancet*, October 5, 1861.

—

Treatment of three cases of so-called Impermeable Stricture.—It is less rare now than it formerly was to meet with strictures which are regarded as impermeable. Of course, a stricture is never really so through which some urine, however small in quantity, still passes. It may issue in a minute thread-like stream, or only in a succession of drops; it may pass thus entirely through the urethra, or it may be mainly passed through fistulous passages in the perinæum or scrotum, as in one of the following cases; but in almost every instance a certain portion still passes through the urethral canal, however contracted it may be. This being the case, there is great encouragement to endeavour to pass an instrument of some size through the narrowed channel, and in almost all cases this may be accomplished. Of course the instrument must be small enough to correspond with the size of the stream, and in extremely narrow strictures it must be exceedingly small, when the utmost care is required in manipulating it. If it can be passed through the stricture, by careful, patient, and gentle management, into the bladder, the advantage for the patient is great, and a far better result is accomplished than any other operative proceeding offers; for, being once introduced, it happens, in the great majority of instances, that it can be tied in for a day or two, that the stricture dilates under this process, and that, in the course of a few days, large instruments will pass with ease. The rapidity and the power of this means of treating such cases render it frequently one of very great value. Three illustrations of it have recently been under Mr. Thompson's care at this hospital, which may be thus briefly reported:—

Case 1. M——, aged forty-six, admitted into University College Hospital, April 27th, 1861, on account of old and confirmed stricture, occasioning frequent attacks of retention, for which numerous attempts to pass a catheter had been made, but without success. He suffers severely from this painful symptom of his complaint.

May 1. A tight stricture was found at the distance of five inches and three quarters from the meatus. Mr. Thompson succeeded in passing a small-sized silver catheter into the bladder and drawing off the urine. It was tied in the usual manner.

3*d*. No. 4 was substituted.

4*th*. He had a slight attack of fever, and the catheter was removed.

7*th*. Another instrument (No. 3) was introduced and tied in.

8*th*. It was exchanged for a gum-elastic instrument (No. 4).

9*th*. No. 6 was introduced and tied in.

12*th*. No. 10 has been reached through gradual steps by continuous tying in.

13*th*. Nos. 9 and 10 were passed and removed.

14*th*. The same.

15*th*. He was instructed in passing a gum catheter for himself, but managed clumsily, produced a little bleeding, and had a rigor afterwards.

24*th*. His urethra has been maintained at No. 10 by passing instruments. The stream is full. His symptoms have disappeared, and he is ready to leave for the country, but stays only to learn how to pass an instrument for himself before he is permitted to take his discharge.

28*th*. He is finally discharged, free from all his former symptoms, and passing a full stream of urine at the usual intervals of time.

Case 2. R——, aged fifty-six, admitted May 12th, 1861. Lives in London; has had stricture for twenty years, and been under repeated and long-continued treatment; but an instrument was never yet passed into the bladder. He has been in hospital two or three times for retention of urine; and for treatment of the stricture. Has now four or five fistulous openings in the perinæum on the nates, and in the scrotum, which is much inflamed, through which most of the urine passes; much of it escapes involuntarily during sleep. His local condition and his general health are exceedingly bad.

May 14. A close stricture was found five inches from the meatus. After much difficulty, a No. ½ silver catheter was introduced through the stricture and into the bladder, removing about twenty-five ounces of urine; it was not tied in.

17*th*. The same instrument re-introduced, and tied in.

18*th*. An attack of shivering and fever; instrument removed. Opium and brandy administered.

21*st*. He has quite recovered; urine passes a little better, but is, as usual, loaded with pus and mucus. No. ½ again introduced, and the bladder emptied.

23*d*. Fever and constant micturition. Hot hip-bath and aperient.

24*th*. His bowels having been opened, the same catheter was passed, and tied in. Opiates administered, and his usual amount of stimulant.

26*th*. He took his catheter out at night. In the day Mr. Thompson introduced No, 1, and tied it in.

In this manner, with several relapses, the treatment was pursued, until, in the beginning of June, a No. 9 gum catheter was reached. He had attacks of irritation and pain, with frequent micturition, after the instruments were withdrawn, rather than during the time of their sojourn in the urethra.

By the middle of June his symptoms had much improved; he retains his urine three or four hours; passes it in a good stream; a small quantity only comes through a fistulous opening; two of these have healed; his health is improving. Nos. 7 and 8 are passed every third day.

June 24. He has made excellent progress. To be discharged, and attend twice a week as an out-patient, in order to learn to pass an instrument for himself, which it is necessary to do, as his bladder never empties itself, on account, not of any existing obstruction, but of the weakened condition of its coats, from the organ having been so long distended with urine, the overplus of which only has been discharged at each act of micturition.

July 5th. He passes a No. 8 gum catheter for himself with ease. His fistulæ have healed. He has little now to complain of, and is in better health than he has been for many years.

CASE 3. R——, a young man, admitted on the 8th of July last. He has been treated for stricture for many months, but no instrument has yet been passed.

July 9. The stream is exceedingly small; a stricture was found at five inches from the meatus; and an attempt to pass an instrument was unsuccessful. No. 1 catheter was the smallest employed.

11*th.* To-day, after some difficulty, No. ½ was passed into the bladder, and the urine drawn off. The catheter to be tied in in the usual manner.

12*th.* Exchanged for a gum catheter, No. 1.

14*th.* The former is removed, and a No. 3 gum catheter is introduced in its place.

18*th.* After several changes, No. 9 was used to-day, and removed. There have been no rigors nor the slightest bleeding, and not a single bad symptom of any kind has occurred throughout.

25*th.* He was finally discharged to-day, No. 10 having been reached, which he is now learning to pass for himself. All the symptoms have disappeared.—*Lancet*, Aug. 24, 1861.

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Severe Injury from a Fall down a chimney shaft fifty feet high; death six weeks after; pus found in gall-bladder.—Falls from a considerable height are generally quickly fatal, unless the descent be broken in such a way as to save the vital organs from injury. We have placed examples of this kind on record as opportunities have permitted, and we now publish another, the particulars of which were kindly communicated by Mr. Edwin Chisholm, one of the house-surgeons. The injuries sustained were chiefly in the lower limbs. The fall was, so far as could be ascertained, unbroken, the chief force being spent upon the feet as they came in contact with a barrow at the bottom of the shaft. A recovery was hopefully anticipated at one time. A fatal result nevertheless ensued from a large bed-sore; and the only pathological appearance noted after death was ulceration of the interior of the gall-bladder, which contained pus mixed with bile.

John S——, aged thirty, was admitted into St. Mary's Hospital, on the 22d of June, 1861, having just fallen down the shaft of a chimney fifty feet in height. Both feet struck a barrow at the bottom of the shaft, and with such force that the left tibia was fractured obliquely at its upper third; as also was the fibula a little lower down. The inferior part of the bone was split up for some inches from below upwards, but without much displacement. The integument of the heel was torn almost completely off, and was held attached by the tendo-Achillis. The os calcis was fractured through its centre, and the under surface of the astragalus was broken away. The bones of the right foot were also broken, but not so extensively, for the injuries in it were not detected until a few days after, when the swelling had subsided. The rest of the body was comparatively free from any mark of violence. When the accident occurred the patient was in a partially intoxicated state.

Under the influence of treatment the fractures united, although not in a very good position, which was owing to the restlessness of the patient, who was very frequently delirious during the remaining short period of life. Brandy was daily administered, with the effect of producing sleep and quietness after it. The wound in the foot had nearly healed, and the granulations were healthy. A very large slough formed on the lower part of the back, which extended over the entire sacrum and down to the coccyx. This was difficult to manage, and was considered to be mainly the cause of the patient's death, which took place on the 1st of August, nearly six weeks after the injuries were inflicted. Some days before death his motions and urine were passed involuntarily.

At the autopsy every viscus was found healthy; no deposit was found anywhere. The liver was fatty, but otherwise normal. A large amount of pus, with green shreds of lymph, were found in the gall-bladder, but it did not communicate with the hepatic duct. The mucous coat was ulcerated in two places, and was on the point of perforating the peritoneal investment. No lymph was found in the peritoneum. The spine and other parts were healthy. The fracture in the left foot was ununited, but that in the leg was firmly united. The lower part of the limb, from the ankle-joint, was split upwards in various directions.

It is most probable that in this case, besides the injuries described, there was concussion both of the spine and brain, although the symptoms were not at any time well marked.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

New Rhinoplastic Operation.—Dr. E. S. COOPER states (*San Francisco Medical Press*, July, 1861), that he has "had several cases, recently, in which we practised, with entire success, the method of introducing thin arched plates of virgin silver into the soft tissues, to hold them up, when the bones of the nose had been lost. Thus far, they bid fair to succeed admirably, as there is every prospect that these plates will become encysted, in most cases, though time enough has not yet been given to test the method, in this respect. There is one advantage this plan has over that of transplantation, viz: that it entails no additional deformity, even should it fail entirely in relieving the one for which it is tried, and we believe that, in all cases, it may be rendered beneficial, where bony structure alone has been lost. We have a case under treatment now, in which a considerable part of the ossa nasi, the vomer, and a fragment of the superior maxilla were lost—so much so, that the major part of the tissues, representing the nose, rested entirely below the surrounding surface. A more disagreeable deformity of that organ could not possibly occur.

"The operation, in this case, consisted in raising the integument, which was formerly the covering of the nose, upon the blades of a small pair of forceps, dividing them, in a median line, for nearly an inch. After which, the scalpel was passed on either side, so as to separate them into two plates, to the same extent in width as the incision was long. The knife was passed under the skin for nearly two inches, on either side, for the purpose of increasing the capacity of its stretching qualities. Two arched plates of silver, shaped like the ossa nasi, three lines wide, were introduced, and the integuments brought over them, so that the nose at once assumed the natural shape of one pretty well formed, which it retains still, six weeks after the operation. This, and other cases, shall be published in detail, as soon as their ultimatum is known.

"It is quite certain that this operation will almost always be of benefit, when the bones of the nose are lost and the soft parts depressed, because should we be compelled to remove the plates, after three or four months, the parts will become so much consolidated as to retain, to a great extent, their new position. This has occurred in one case already.

"The deposit and hardening of tissues around the metal were sufficient to retain the parts elevated after its removal, and thereby to remove almost entirely the deformity. This subject shall be discussed fully, as experience enables us to speak practically of it in all its bearings. The method of operating will be described more fully when the cases are given *in extenso.*"

Varicocele.—The editors of the *Berkshire Medical Journal* (No. for Oct. 1861) state that they have lately met a number of cases of varicocele in the examination of recruits for the Federal Army, and as the statistics of this affection have not been collected, they urge upon the medical examining officers at the different stations to keep a record of their cases in order to determine this point. Of 15 men examined, 5 had varicocele, all on the left side. They were all unmarried men between 18 and 22 years of age. No constitutional or pathological cause for this affection could be discovered.

Medical School of Maine.—Prof. J. T. Dana, has been transferred from the chair of Materia Medica to that of Theory and Practice of Medicine; and Dr. Wm. C. Robinson, of Portland, has been elected Lecturer on Materia Medica in the Medical Department of Bowdoin College, Maine.

Medical Department of the University of Louisville.—The twenty-fifth annual session of this institution is announced to commence on the first Monday in November and to close on the last of February. The number of graduates at the close of the last session was 44.

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Medical Department of the University of the Pacific, San Francisco, Cal.—The fourth regular course of lectures in this institution will commence on the first Monday in November and will be continued for eighteen weeks. The fee to each professor is *twenty* dollars; matriculation fee *five* dollars; graduation fee *fifty* dollars. The number of graduates at the close of the last session was *five*, and *one* received an *ad eundem* degree.

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Obituary Record —We regret to have to record the death of the venerable Emeritus Professor of Materia Medica in Yale College, Eli Ives, M. D., which took place at New Haven on the 8th October, at the advanced age of 84 years.

FOREIGN INTELLIGENCE.

Extraordinary Case of Injury to the Head.—M. Bonnessous relates the case of a man between 30 and 40 years of age, who two years and eight months before he saw him had been attacked and wounded in several places by an assassin, one of these wounds being over the left parietal bone. During the period which had elapsed he had been under various persons' treatment, but the injury to the parietal had not been particularly examined. He suffered much in his head and had become almost idiotic. On examining the head, the author found, just above the left ear, a resisting tumour about the size of a bean, covered by healthy skin, and exhibiting traces of a delicate cicatrix. Pressure on this gave great pain, and aggravated the cerebral symptoms. Cutting into the tumour, the blade of a poniard-knife (nearly 10 centimètres long, and about 12 millimètres broad, with a back of about 3 millimètres), was extracted. A probe carried into the track whence the knife had been extracted, passed quite horizontally, so that no doubt could remain that this blade had been buried within the cerebral mass for two years and eight months. The patient went on well and recovered his mental energies—epileptiform attacks, which had followed the injury, having diminished in frequency.—*Revue Méd.*, March, p. 348.

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Regeneration of Bone.—Dr. Lamare-Piquot has communicated to the Academy of Sciences a highly interesting paper relative to a case of regeneration of bone which occurred in his practice. The patient, a boy of fourteen, met with a fearful railway accident, one of his arms being broken and one of his legs crushed under the wheel of a baggage truck. The tibia was smashed, or rather pulverized, into innumerable splinters, many of which were removed; and the fibula was in a like desperate condition. Although, from the nature of the case, a conservative course seemed to be rather hazardous than otherwise, nevertheless an attempt was made to save the leg. The limb was placed on a splint, and subjected to continued irrigation for the space of thirty-seven days, the quantity of water daily used in the process varying from twenty to twenty-five quarts. At the end of three months the few remaining shreds of periosteum began to resume their bone-making functions; and so successfully is this second crop of osseous tissue proceeding at the present moment, that ere long the entire tibia will have been replaced by new material, and the boy be able to walk without crutches.—*Lancet*, Aug. 31, 1861.

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Alum and Rhatany in Saccharine Diabetes.—M. Demeaux, in a communication to the Academy of Sciences, intended as preliminary to a more detailed statement, declares that he has treated diabetes very successfully by means of calcined alum and extract of rhatany given in equal parts.—*Gazette Méd. de Paris*, No. 31.

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Santonine.—Dr. Rose, of Berlin, has lately published some observations on Santonine, the results of a series of experiments made by him with the view of fully investigating the nature of this hitherto ill-understood drug. It had for some time been suspected of possessing actively poisonous qualities; but by subsequent examination it was ascertained that, in consequence of a most unaccountable mistake on the part of a large manufactory of chemical preparations, strychnine had been mixed with santonine in considerable proportions, and had caused the accidents previously attributed to the latter drug. Dr. Rose announces that santonine is an acid, almost insoluble in water, and only slightly so in alcohol. It assumes the crystalline form, turning yellow under the solar influence, without undergoing decomposition. He has swallowed as much as a scruple without great inconvenience. Its taste is bitter and disagreeable; it has a decided action on the kidneys, less marked (as might be expected) in hot than in cold weather. The toxical effects of the drug consist in the production of an indescribable torpor, and to this cerebral *modification* Dr. Rose ascribes the green tint which patients generally complain of when undergoing a course of santonine. The *essential oil* also extracted from semen-contra is decidedly poisonous, and half a drachm thereof will kill a rabbit; it also possesses anthelmintic qualities, but in a less degree than santonine. The santonate of soda, which has been recommended, Dr. Rose does not consider to possess any advantage over santonine.—*Lancet*, Sept. 7, 1861.

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Mode of Action of Certain Poisons on the Heart.—An interesting communication was made to the Academy of Sciences at its last meeting, by MM. Dybrowski and Pelikan, relative to the mode of action of certain poisons upon the heart. The experiments were made upon frogs, and the poisons (upas antiar, tanghinia venenifera, digitalis, and green hellebore) were either administered by the mouth or inserted under the skin in various parts. The results were constantly the same: the heart's action was arrested, although the nervous irritability and voluntary muscular power of the animal persisted for a considerable time. The first effect of these poisons was in all cases the same—namely, that of paralyzing the heart whether inserted under the skin or given by the mouth. The average duration of the heart's action after the exhibition of the poison was, in the case of the upas, tanghinia, and hellebore, ten minutes; and in that of the digitaline, from ten to twenty. The action of the ventricle in the frog was invariably found to be arrested in systole; it was strongly contracted, pale, and quite empty, whilst the auricle was distended and gorged with blood. The contractions of the heart were sometimes accelerated at the commencement of the experiment, at other times they were less frequent from the beginning. The paralysis, or rather arrest of motion, in the case of the ventricle is sudden after a certain period in the diminution of the pulsations; that of the auricle is gradual and almost imperceptible—its contractions outliving those of the ventricle by some minutes. MM. Dybrowski and Pelikan have proved by experiment that these poisons exercise their deleterious influence upon the heart independently of the cerebro-spinal system, and that in those animals in which the medulla oblongata and pneumogastric nerves had been previously destroyed or divided, the toxical effects of these agents were equally manifest. They therefore consider that the action of these poisons is due to a special influence upon the nervous elements of the heart, or else upon two systems of nervous apparatus—the one presiding over the movements of the heart, the other possessing the office of regulating or diminishing these movements.

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Pus-Cells in the Air and the Aëroscope.—During an epidemic of purulent ophthalmia, which occurred at the Foundling Hospital, near Prague, Dr. Eiselt had the opportunity of proving in his own person that infection may take place in other ways than by contact. As the attending physician, he took every precaution to protect his own eyes from any contact with the matter proceeding from the children, which it was easy for him to do, inasmuch as the syringing and cleansing of their eyes was performed by the sisters of the establishment. Still, being engaged in the hospital for several hours daily, he perceived smarting and heaviness of the eyes, followed afterwards by reddening of the conjunctiva, with an œdematous state of the portion lining the eyelids, and a considerable secretion therefrom. The same symptoms were observed in all the persons who had care of the children. Some of the nurses became seriously affected from getting matter into the eyes, and others they knew not how. The inconvenience, as regards the author, was checked by the use of weak stimulant collyria.

He asks, How comes it that acute purulent ophthalmia may thus be excited without any contact, in the common sense of the word? and refers in explanation to Pouchet's recent experiments with the aëroscope as described in the *Comptes-Rendus* for 1860. Professor Purkinje constructed a similar instrument for his use. Its principle consists in forcing a determinate quantity of the air to be examined over a glass plate smeared with glycerine, which detains the particles of dust and microscopic structures for examination. By means of this instrument (for details of the structure of which we must refer to the paper) the air was examined which existed in a ward containing thirty-three children suffering from acute purulent ophthalmia, accompanied by abundant secretion. Pus corpuscles were at once detected in the portion of air examined; and this fact the author considers supplies the rational explanation of the propagation of the disease without apparent contact with the secretion from the eyes.—*Wochenblatt*, No. 13.

[In No. 19 of the *Wochenblatt der Zeitschrift der Gesellschaft der Aerzte zu Wien*, Dr. Schneider gives an account of a new apparatus for analysis of the air, in which he employs cotton-wool in place of glycerine.]—*Medical Times and Gazette*, Sept. 14, 1861.

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Destruction of Infant Life in England.—Of the deaths in England, in 1859, no less than 184,264—two in every five of the deaths of the year—were of children under five years of age; and above half of these—105,629—had scarcely seen the light, and never saw one return of their birthday. A very large number of these early deaths are from debility and causes which prove that the children never had much chance of life, but many are suffocated, or otherwise killed, accidentally, carelessly, or worse. In the last five years, within the metropolitan district alone, at least 278 infants were murdered; above 60 were found dead in the Thames, or the canals or ponds about London, and many more than 100, at all events, were found dead under railway arches, on doorsteps, in dust-holes, cellars, and the like.—*Medical Times and Gazette*, August 24, 1861.

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Physical Training.—Among the Parliamentary Papers recently issued, are two small volumes containing some information collected by Mr. Edwin Chadwick during the recent education inquiry. Mr. Chadwick shows in these papers that the present practice of long hours of teaching is a wide cause of enervation and predisposition to disease, and induces also habits of listlessness and dawdling. The half-time system is found to give nearly, if not quite, as good education as the whole time; and common sense tells us that a boy who has acquired the same amount of knowledge in half the time of another boy must have obtained a proportionately superior habit of mental activity. It is this alertness, combined with the bodily aptitudes created by drill, that gives the comparatively stunted boys of the town a preference over the strong, robust lads from the coast. Good schoolmasters say that about three hours a day are as long as a bright voluntary attention on the part of children can be secured, and that in that period they may be really taught as much as they can receive; all beyond the profitable limit is waste.—*Ibid.*

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Changes in the London Hospitals.—The Governors of St. George's Hospital, at a special court, have decided that no physician or surgeon shall hold office beyond a period of twenty years; at the end of which time they shall become consulting physicians and surgeons. It is intended, moreover, that these consulting officers shall not be merely ornamental—they are also to be useful, and are to be *bonâ fide* called into consultations. At St. Bartholomew's, also—a hospital which has been remarkable for the longevity and tenacity of office of its medical officers—changes are taking place. A short time ago, Mr. Wormald, after having been assistant surgeon more than twenty years, gained his promotion by the retirement of Mr. Lloyd; and now a similar step has been gained by Mr. Paget, in consequence of the retirement of Mr. Stanley. The resignations of Messrs. Lloyd and Stanley have been entirely voluntary; and there can be no doubt that their desire has been to give such able men as Mr. Wormald and Mr. Paget a chance of filling the vacated posts for some time to come with credit.—*British Med. Journ.*, July 13, 1861.

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Influence of Telegraphing on Vision.—It is stated that in France some of the persons employed in reading the electric telegraph messages are beginning to suffer in their vision—the rotation of the needle producing a peculiar and damaging effect upon the retina. When the eye is in this morbid state, the vision is double, and everything appears as if seen through a mist. It is stated, that the pay of these *employés* is very small, and that they in consequence work during extra hours.—*Ibid.*

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Antiquity of the Human Race.—Until very recently, zoologists as well as geologists were agreed that man did not exist before the Deluge. Some of the most eminent men of science even contended that, at that period, when the extinct races of elephants, hippopotami, and rhinoceros, together with tigers, leopards, and hyenas, lived in this quarter of the globe, man could not possibly have existed. Thus Cuvier, in his treatise on the revolutions of the globe, said, it was settled that fossil human bones had no existence; and it is true that those which had been at first described as of gigantic human beings, were soon recognized to be remains of mammoths and other animals. But even then the question was not so entirely settled as the great French anatomist believed it to be. It was well known, that, in ravines and excavations of rocks, which had, by some catastrophe, become inaccessible to men, and which had not been visited for ages, human bones were found, together with such of antediluvian bears, hyænas, hippopotami, buffaloes, etc., and in some places they were even enveloped and covered with stalactites. This was explained by the supposition, that human remains had only come into those caves by some accident within our period of creation, long after the animal remains had been buried in it; but this was merely an hypothesis, and could not but be open to objection.

Recent discoveries can no longer leave any doubt on the philosophical mind that man really co-existed with the great mammalia of the diluvium; and although there are still those who deny this conclusion, the most eminent men of science have become converted to this theory. That the question has at last been cleared up, is solely to be ascribed to the researches of M. Boucher, who, during his whole lifetime, has worked at the elucidation of this problem, which he studied as far back as 1805, when at Marseilles, and visiting Roland's grotto, in which he searched for fossil human bones. He soon came to the conclusion that man had existed at a much earlier period than is generally supposed; in the first instance, he thought that the tradition everywhere extant of a human race destroyed by the flood could not possibly be without foundation. In that period there existed mammalia closely related to man, which could only live under the same atmospherical conditions as he, so that the earth was certainly inhabitable for mankind. He also found traces of man wherever the remains of the larger mammalia were found, and where no fossil remains of our species could be discovered, M. Boucher believed that they had been either destroyed or overlooked.

After long study the indefatigable zeal of M. Boucher was at last rewarded. He found in certain layers of the earth a few flints, which had evidently been shaped by the human hand. Although this was, to M. Boucher's mind, a further proof of his theory, the learned world refused to accept it as such, and it was objected to him that these implements were not at all like those carefully-shaped and well-sharpened stone-hatchets which are not unfrequently found in the most ancient tombs. M. Boucher then no longer sought allies in the learned world, but amongst the working men in the stone-pits, to whom he made known his object; and in 1840 he was in possession of twenty flints evidently shaped by men, which had been found in diluvial layers. He then gained some adherents to his views, but was still, by the majority of *savans*, believed to be a monomaniac.

Even so late as 1858 the French ridiculed his ideas. The learned societies refused to examine his propositions, and when he offered to make the government a present of his collection, this offer was not accepted. At last, by a happy accident, Mr. Falconer, Vice-President of the Geological Society of London, was induced to visit Abbeville. He inspected the cabinet of antiquities collected by M. Boucher, and gave a report of it on his return to England. From that time many English geologists travelled to Abbeville and to this city, and there appeared, one after the other, Messrs. Prestwich, Evans, Godwin Austen, Flower, Mylne, Sir Roderick Murchison, and at last the leading English geologists, Sir Charles Lyell. After having carefully examined the drift, they all agreed with M. Boucher, and came to the conclusion that these flint implements were shaped by men, that they were found in virgin soil, that they were connected with the remains of an extinguished species, and that the period of them was anterior to the time when the surface of the earth had received its present configuration. Thus M. Boucher had, as he expressed himself, gained his action in England.

In the neighbourhood of Abbeville, in the valley of the Somme, immense diluvial layers exist, which rise to more than ninety feet above the level of the river. As they are cut through by the fortifications of Abbeville, by canals and by railroads, it is not difficult to examine them. The most important point is near Menchecourt. In some of these layers millions of large flints are met with, amongst which are some evidently shaped by the human hand. These are found from fifteen to thirty-six feet below the surface. The larger of them have probably served for hewing, and M. Boucher calls them hatchets. Close to these implements river and sea-shells were found, such as now only exist in the Nile and other rivers and lakes of the torrid zone; for instance, *cyrene fluminalis* and others. Fossil bones of rhinoceros, mammooths, hippopotami, and an extinct species of oxen, which have been much larger than those of our time, have also been met with there. Near this city, where the geological formation is nearly the same as in Abbeville, the diggings have had the same result. M. Albert Gaudry, who was charged by the Parisian Academy of Sciences to search for such implements, found in a few days nine flints shaped by man, together with shells, fossil bones of large oxen, of a horse and other animals. These hatchets do not at all resemble the cuneiform hatchets which have been found in ancient tombs. They are exclusively made of flint, are of very rude workmanship, and either longitudinal and acute, or oval. M. Boucher believes that they were made by knocking off small pieces by means of hard stones, just as the primitive knives, lances and arrows of the Germans. No polishing or grinding was attempted; the hatchets were either used with the hand as they were, or they were fixed in sticks or clubs. The wood has of course not been preserved, but on the larger specimens there are pegs, to the upper extremity of which the wood was evidently fixed. Narrow blades of stone were also found, which were probably used as knives, and stones with indentations which could be employed as saws.

It was at first always objected to M. Boucher, that the flint implements just described were only found at Abbeville and Amiens, but not in other places. M. Boucher replied to this, that it was not his fault, as indeed all his endeavours to excite colleagues of his to similar researches failed, until one of your countrymen who visited Abbeville, Mr. Prestwich, recollected that at the end of the last century shaped flints had been found close to fossil remains of animals, in the village of Hoxne, in Suffolk. He therefore, immediately on his return to England, proceeded to Hoxne, where he examined the diluvium, and was informed by the working men that quite recently some flints had again been found there. He then commenced digging himself and found, about nine feet below the surface, not only bones of mammooths and oxen, but also flint hatchets which quite resembled those discovered by M. Boucher. Some months afterwards M. Goose, of Geneva, dug in the stone-pits of Grenelle, near Paris, which are quite similar to those of Abbeville; and found, at twelve to fifteen feet below the surface, two round hatchets, fifty knives and a few other pieces which had probably served as tops of lances and arrows.

It is, therefore, now impossible to doubt, that man was already in existence when the colossal mammooth, the hyæna, the tiger, and the gigantic deer lived in our latitudes. That the instruments then made by men are of very rude workmanship, is no matter of surprise, as even in later periods, hatchets were made which are only different from those mentioned above by being ground on whet-stones; besides, we must recollect, that in the torrid zone far less finished instruments are sufficient for man than in the moderate and cold climates. It is true that fossil bones of man have not yet been found; but that we may not despair of discovering such, is shown by the interesting circumstance, that quite recently a human skull was found in a limestone cave in the Neanderthal of Rhenish Prussia, which was totally unlike any other human skull ever found before. This skull has been described in Müller's *Archiv*, by Professor Schaaffhausen, of Bonn, who found it to be similar to that of the chimpanzee and gorilla; he ascertained that it belonged to the period at which the animals of the Deluge still existed, and that it was not a pathological malformation, but of a typical race character. Those of your readers who wish for some more information on M. Boucher's discoveries, will find it in his "Antiquités Celtiques et Antediluviennes" (with eighty plates); "Essais Philosophiques sur la Création;" and especially in the *brochure*, "De l'Homme Antédiluvien et de ses Œuvres." Paris: 1860.—*Med. Times and Gaz.*, Sept. 7, 1861.

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Rapidity of Growth of Fungi.—Mr. Ward, in his work "On the Growth of Plants in Closely-Glazed Cases," says of it: "I had been struck with the published accounts of the extraordinary growth of the *phallus impudicus*. I therefore procured three or four specimens in an undeveloped state, and placed them in a small glazed case. All but one grew during my temporary absence from home. I was determined not to lose sight of the last specimen; and observing one evening that there was a small rent in the volva, indicating the approaching development of the plant, I watched it all night, and at 8 o'clock in the morning the summit of the pileus began to push through the jelly-like matter with which it was surrounded. In the course of twenty-five minutes it shot up three inches, and attained its full elevation of four inches in one hour and a-half. Marvellous are the accounts of the rapid growth of cells in the fungi; but in the above instance it cannot for a moment be imagined that there was any increase in the number of cells, but merely an elongation of the erectile tissue of the plant." The force developed by this rapid growth and increase of the cells of fungi is truly astonishing. M. Bulliard relates that on placing a fungus within a glass vessel the plant expanded so rapidly that it shivered the glass to pieces with an explosive detonation as loud as that of a pistol; while Dr. Carpenter, in his "Elements of Physiology," mentions that "in the neighbourhood of Basingstoke a paving-stone, measuring 21 inches square, and weighing 83lbs., was completely raised an inch and a-half out of its bed by a mass of toadstools of from six to seven inches in diameter, nearly the whole pavement of the town being heaved up by the same cause." Every one has heard of the portentous growth of the fungi in a gentleman's cellar, produced by the decomposing contents of a wine cask, which, being too sweet for immediate use, was allowed to stand unmolested for several years. The door in this case was blocked up and barricaded by the monstrous growth, and when forcible entrance was obtained the whole cellar was found completely filled, the cask which had caused the vegetable revel, drained of its contents, being triumphantly elevated to the roof, as it were upon the shoulders of the bacchanalian fungi.—*Macmillan's Footnotes from the Page of Nature.*—*Med. Times and Gazette*, Sept. 28, 1861.

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Death of a Quack.—M. Giraudeau de St. Gervais, the inventor of the medical *réclame* and advertisement, died a short time ago, leaving a fortune of four million francs (800,000 dollars). This individual was possessed of two *robs* for curing every syphilitic disorder, namely, the *rob Végétal Anti-syphilitique*, and the *rob Boyveau-Loffecteur.* By simultaneously advertising both, he created an apparent rivalry and antagonism between the two nostrums, and thus caused the interest of the public in them never to flag. His yearly expenses for advertisements amounted to 200,000 francs (40,000 dollars), and he had succeeded, nobody knows how, in obtaining the Greek order of the Redeemer, and the Cross of the Legion of Honour, *Requiescat in pace.*—*Ibid.*

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Obituary Record.—Died, in Dublin, on the 26th of September, James William Cusack, in the 74th year of his age. This eminent practitioner was regarded as the head of the surgeons in Ireland, and for many years occupied the most distinguished position connected with it in Dublin. His death causes many vacancies. He was a Fellow of the Royal College of Surgeons, of which he had been more than once president; he was Consulting Surgeon of Steevens' Hospital, and of Swift's Hospital, a member of the Board of Superintendence of Hospitals, and on the death of Sir Philip Crampton, he was appointed Surgeon in Ordinary to the Queen. He also occupied the position of Regius Professor of Surgery in Trinity College. Till about a fortnight ago, he continued to discharge his duties at the hospitals, and to see patients at his house. An attack of bronchitis baffled the skill of his medical attendants—the most eminent men in the city. He was regarded as one of the greatest ornaments of the medical profession in Ireland, and was held in the highest esteem by the public.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Cases of Injury to the Head.—There are now in St. Bartholomew's Hospital, under the care of MR. WORMALD, several interesting cases of injury to the head. In reference to the first of which we shall speak, Mr. Wormald remarked to the students that no injury to the head, however slight, was to be considered unimportant, and that also many of the most apparently hopeless cases would terminate favourably. The subject of the first case was a man, aged about 20, who had received a blow on the left side of the anterior part of the frontal bone, detaching the skin and stripping off the periosteum. The patient was not in the least stunned by the blow, and soon after receiving the injury walked two miles to see a surgeon, thus showing that in this case there was no inter-cranial lesion. A piece of bone exfoliated, and the man had an attack of erysipelas. He has had, however, no cerebral symptoms. The wound is healing, and he feels well.

The next case was interesting in reference to several points. The patient, a woman, was 70 years of age. She fell, she says, fifteen feet, and pitched on the vertex. She was insensible, and continued more or less in a soporose condition for a fortnight. There was no depressed bone, and no bleeding from the ear. There was, however, hemiplegia, showing that some lesion had been incurred within the skull, and probably, as it was limited to one side, this lesion was at some point in or on the surface of the opposite hemisphere. There were, however, no convulsions of the affected side which so often attend on irritation of the surface of the hemisphere. There was strabismus, probably from injury of the sixth nerve, as there was no ptosis to indicate

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that the third nerve was affected. The hemiplegia was on the left side; the face, arm, and leg were affected. It was not ascertained to which eye the defective motion inducing strabismus was due. There was no deafness, no discharge from the ear, and the orbicularis had not been paralyzed, so that the paralysis was not due to lesion of the trunk of the portio dura. We know that in simple disease of the brain itself inducing hemiplegia the orbiculari always escape, because the fibres of the portio dura supplying this muscle do not go so high up in the brain as the rest. In this case, then, there was probably either some disease on the surface or in the substance of the hemisphere, causing, as an apoplectic effusion would, paralysis on the opposite side. This patient, who was admitted on August 29th, is now nearly well. All that remains is a little weakness of the arm.

The next case is at the other extreme of life. A boy, four years old, fell down and bruised his head a little above the position of the frontal eminence. He was a little stunned at first, but was soon, except for the wound, about the size of a sixpence, apparently well, and continued so for about ten days, when, rather suddenly, febrile symptoms came on, followed by insensibility and convulsions. The convulsions, in this case, were limited to the left side of the body, being as usual the one opposite the injury. The convulsive attacks came on many times in the day for two or three days, and each paroxysm lasted about half an hour. Mr. Wormald ordered calomel to be given three times a day. Under the use of this he rapidly improved. It was then discontinued, and he again relapsed, becoming again convulsed on the same side and in the same manner. On resuming the calomel, these symptoms again subsided. The child has now only a little, or scarcely any, weakness of the left arm. There is no distortion of the mouth.—*Medical Times and Gazette*, November 2, 1861.

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Fractured Bones.—During the past year there have been admitted into his wards, at St. Bartholomew's Hospital, according to Mr. SKEY (*Lancet*, Sept. 28), 321 cases of *fractures* in general—of which 19 were compound. The single week at Christmas last produced no less than 47 cases. Three cases of compound fracture appeared to demand amputation. In several others the injury was great: some to muscles, while in some the bone was greatly comminuted. In four or five, hemorrhage followed either primarily or secondarily. Mr. S. quotes one case of some interest, arising from the great extent of the injury, which was far greater than would twenty years since have warranted the decision arrived at:—

"A man, aged forty-six, was admitted in December last with extensive laceration of muscles and integuments of the lower end of the right forearm and comminuted fracture of both bones, caused by machinery. The question of amputation was one of difficulty, arising from the extent and complication of the injury. I confess I was influenced by the fact that the man was the father of a large family, and that the loss of his right arm would be fatal to his occupation. He was a healthy man, of abstemious habits; and, moreover, I entertain a strong impression that the amputation of a limb—certainly of a forearm—may be undertaken with equal, if not greater, safety at the expiration of a few days as at the date of the accident. We have yet something to learn on the subject of 'primary amputation.' The forearm was 'put up.' Slight hemorrhage from the radial artery occurred on the seventh day, and profuse on the ninth, when the artery was tied. The man was greatly reduced by the loss of blood, his vital powers being sustained for several days by brandy, in half-ounce doses, frequently repeated; the quantity determined by the pulse. The man was discharged in the twelfth week from the date of his admission, with a limb sufficiently restored to its natural functions for the resumption of his pursuits as a printer.

"In weighing the question of amputation of a limb for serious injuries, there is something beyond the amount of damage done to be taken into our calculation of the probable future. I allude to the subject of constitutional health, whether primarily, or determined by the habits or occupation of the individual. These are questions not readily determined on early inquiry, and some days may elapse before the real power of the individual to avert or contend against disease is ascertained by the surgeon. The vital powers may suddenly fail at the time they are most required. I lost two cases of compound fracture of the leg, in which the extent of injury was far less in degree than several others which ultimately recovered.

It may be said, I should have done well had I at once amputated these limbs. The result proving fatal, doubtless the operation of immediate amputation would have presented an alternative, possibly a more favourable one; but this *ex post facto* reasoning is of little value when placed by the side of general principles, which proclaim aloud the paramount duty of the surgeon to save, and not to destroy.

"Simple fractures of the leg I have treated commonly by means of the application of a large pillow whenever the displacement has been moderate. When great, or the fracture very oblique, with a tendency to retraction, I have resorted to the cradle with side splints, a positive objection to which is the liability to protracted ulcerations of the heel. Of fractures of the leg of the more ordinary kind, some 35 cases have recovered thoroughly well by the application of the pillow, which is an efficient and by far the most comfortable agent I know in the treatment of this injury. A well-made flock pillow will answer this purpose well. It should be of length sufficient to reach above the knee, and extend some inches below the foot. When bound on to the leg by means of four or five straps with buckles, which are drawn very tight, the pressure, as is well known, is diffused over the entire surface of the leg, and it is unproductive of pain or of such an amount of discomfort as to prevent sleep on the first night following its application."

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Constipation from Supposed Obstruction of the Bowel: Importance of Examination Per Anum.—The following case is instructive, as showing the necessity of examination per rectum, even when the obstruction of the bowel is supposed to be higher up.

Luigi B——, aged nine years, was admitted on the 25th of July last, with obstruction of the bowels of five days' duration. He had had a similar attack six weeks before, which was successfully treated in this hospital. On the present occasion percussion showed that the entire colon was filled, except its lower portion on the left side, and the supposition was that there might be an obstruction near the sigmoid flexure. Various aperients and enemata were administered without any effect. On the 29th there was a very slight motion. Some sickness was present, and vomiting of matter which possessed a slightly feculent odour. A drachm of the sulphate of magnesia was ordered every two hours, with the view of softening the motions.

At Dr. Farre's request, Mr. Smith (Mr. Skey's house-surgeon) made an examination of the rectum, and it was found regularly impacted with solid hard lumps of feculent material. These Mr. Smith removed with some difficulty, the spontaneous evacuation of two large vesselsful quickly following. From this time the patient progressed favourably, and, under the influence of infusion of gentian, rapidly recovered his health and strength, and left the hospital.

Although this case is one of a simple nature and by no means uncommon in practice, it might have proved serious had the rectum been overlooked.—*Lancet*, September 14, 1861.

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New Operation for the Radical Cure of Umbilical Hernia.—A large proportion of the infants who have exomphalos get well without any necessity for further surgical assistance than may be implied in an abdominal bandage and pad. But there are some in whom the protrusion increases in size, who are very much troubled with colicky pains and flatulence, which prevent them wearing an effective belt, and whose chance of recovery under ordinary circumstances seems very small. Mr. Barwell has for some time past performed in these cases a simple and very successful operation, which, before attempting it on the human subject, he had tried on a retriever pup with good result. The following is an account of one of Mr. Barwell's cases:—

Sarah T—— brought a male child, aged thirteen months, to Mr. Barwell, at the Charing-cross Hospital, stating that a lump, which she was told was a rupture, kept getting larger; that the child was ill, seemed always in pain, was very fretful, did not feed properly, and got constantly thinner; and that, as she was going with her husband to Australia in about three weeks, she was desirous that something should be done if possible.

On examination, a hernia as large as a bantam's egg was found, and when it was returned the opening readily admitted the finger. Mr. Barwell's proposal of an operation was accepted. Chloroform was administered, and the following performed:—

The hernia having been returned, and a careful examination showing that absolutely no abdominal protrusion remained, an assistant held his finger over the opening. The skin of the navel and surrounding part being pinched into a transverse fold, a bistoury was thrust through, so as to make a longitudinal incision over or even into the sac, which was then freely opened, the tough remains of the umbilical vein turned upwards, and the ring exposed. There was now some little difficulty in keeping the bowel back, and yet allowing sufficient room for the further steps; but the spoon end of an ordinary grooved director was passed through the navel, and then held against the inner part of the opening—*i. e.*, against the inside of the belly, stopping the hole internally instead of externally. Three silver sutures were then placed across the gap, the precaution being taken to seize each edge with forceps, and turn it forward, so as absolutely to see the point of the needle safely beyond all chance of wounding the bowel. When the sutures were all placed, but not fastened, the director was withdrawn, the wires were twisted, and the opening was seen to be satisfactorily closed. The external wound was also secured with silver sutures.

February 16th. The child has been seen since the operation, and everything is progressing favourably; is less fretful, and feeds better.

March 2d. The external wound has healed soundly. The wires appear to cause no irritation, there being beneath the skin of the navel a hard but small fibrinous thickening, which covered them. The woman was going in two days to take the child with her to Australia.—*Lancet*, Nov. 2, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Alleged Deaths from Sulphuric Ether.—The committee appointed in February last by the Boston Society for Medical Improvement "to investigate the alleged deaths from sulphuric ether," have published (*Boston Med. and Surg. Journal*, October 24, 1861) the result of their labours. They have collected the particulars of forty-one cases of alleged death from the inhalation of sulphuric ether, and in the opinion of the committee not one is fairly attributable to that agent; and hence they conclude that sulphuric ether is the safest anæsthetic at present known.

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Poisoning by Aconite Successfully Treated by Nux Vomica.—Dr D. D. Hanson relates (*Boston Med and Surg. Journal*, September 26, 1861) a case of poisoning in a coloured boy, five years of age, by aconite, successfully treated by tincture of nux vomica. Dr. H. expresses the conviction that nux vomica is a complete antidote to aconite, and conversely that aconite is equally an antidote to nux vomica.

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Medical Jurisprudence in its application to the Practice of Medicine, Surgery, and Midwifery, in the United States.—Dr. Stephen Smith, Professor of Surgery in Bellevue Hospital Medical College, who has been collecting materials for a work on this subject for upwards of ten years, is now engaged in preparing the results of his labours in the form of a systematic treatise, and solicits the co-operation of the profession in obtaining reports of trials of alleged mal-practice and the most recent judicial decisions.

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Dr. Sims.—Our skilful countryman Dr. Sims, we learn, is now in Paris. The Paris correspondent of the *Lancet*, under date of Oct. 22, writes that "a friend who saw him *à l'œuvre* yesterday tells me that his dexterity is surprising. The operation in question was attended by MM. Ricord, Velpeau, Nélaton, and Jobert, all of whom were in admiration."

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Professor Gross's System of Surgery.—We learn with pleasure that this work is now being translated into Dutch, and that it is to be shortly published in Holland.

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North American Medico-Chirurgical Review.—The November number for the present year of this journal contains the valedictory of the editor. Unhappily this publication, like so many kindred enterprises, has been compelled to succumb to the pressure of the times.

FOREIGN INTELLIGENCE.

Hemiplegia and Phthisis.—This kind of paralysis has been now and then observed in cases of phthisis, tubercular deposit in the brain being then suspected. A very striking case of this kind has been published by M. Colin in the *Gazette Hebdomadaire* of the 30th ult. The subject was a young soldier, aged twenty-three, who up to the month of March, 1861, had enjoyed apparent good health. He had now dyspnœa and cough, slight dulness on percussion, with some rough breathing, being observed on the left apex. Almost constant headache was complained of, and the patient was greatly excited during the severe fits of pain, screaming aloud while the paroxysms lasted. On March 24th delirium supervened, and the headache was worse than ever. The next day vision became imperfect, and on the 26th facial paralysis set in on the right side. On the 28th there was complete amaurosis, and on the 30th the paralysis extended to the whole of the right side of the body. Death occured on April 1st. On a post-mortem examination being made, a vomica which might have lodged a walnut was found in the right apex. In the brain, a few granulations were observed on the internal origin of the fissure of Sylvius. In the inferior angle of the torcular Herophili several tubercles were found, of a yellow colour, varying in size from four lines to an inch in diameter. There were altogether six tubercles sunk in the pulp of the cerebellum, and a seventh placed on the surface of the cerebellar substance. The volume of the mass of tubercles was about a third of the size of one of the lobes of the cerebellum.

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Regeneration of Bone.—M. MAISONNEUVE has recently laid before the French Academy of Sciences six new cases of the sub-periostic section of bones. The first was that of a young woman of twenty-two, attacked with mortification of the diaphysis of the tibia. The piece of bone extracted was twenty eight centimètres (nearly a foot) in length; the periosteum was preserved. The operation was effected on the 3d of July last, and the 15th of September the patient left the hospital with her leg as strong as before. The second case was that of a girl of sixteen, who, for the last eighteen months, had been suffering from a caries of the fifth metacarpian, and who, on the advice of the schoolmaster of her village, had come to Paris, from the Department of the Ardennes, to have a new bone put in (such was her own expression). The diseased bone was extirpated, the periosteum being preserved as usual, and after twenty eight days the patient went away perfectly cured, the bone having been completely reproduced within that short period. The other cases were of the same nature as the preceding ones. Dr. Demarquay also read a paper on the same subject. One of his cases was that of a young man of eighteen, who had a part of the humerus mortified, which had to be extracted by penetrating through the periosteum and a layer of newly-formed bone. The other case was more remarkable still, considering the depth of flesh to be traversed in order to reach the thigh-bone. Dr. Demarquay succeeded in making an incision twenty centimetres in length, penetrating through a layer of newly-formed bone, and extracting a piece of mortified bone eleven centimètres in length. The patient was presented to the Academy in a perfect state of recovery, only for the present walking with a stick; before, his leg was bent backwards on the thigh, but it has since stretched out again to its natural position.—*Medical Times and Gazette*, Nov. 2, 1861.

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Spontaneous Cure of Opacities of the Lens.—At a recent meeting of the Vienna College of Physicians, Professor JAEGER introduced two patients, one of whom suffered from an opacity of the cortical substance of the lens, which instead of spreading further, had remained stationary for a long time; in the second patient the opacity, after having existed for two years, had decreased in extent, and at last entirely disappeared, it having undergone spontaneous retrogressive metamorphosis. This spontaneous cure of cataract occurs especially in young persons, where the general metamorphosis of matter is rapid, and where the opacity is superficial and confined to the cortical substance; while the affection becomes stationary mostly in partial opacities, in congenital cataract, and in traumatic inflammation of the choroidea. In senile cataract, and in cases where the opacity is extensive, a retrogressive metamorphosis can scarcely be expected, and a medical treatment can promote the absorption of cataract in such cases only where we can remove the causes of the complaint, which is only possible in an exceedingly limited number of cases—*Medical Times and Gazette*, Sept. 14, 1861.

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Cataract Operations.—DR. RIVAUD-LANDRAU, of Lyons, publishes, in *L'Union*

Médicale of the 1st inst., very valuable statistics respecting 2317 cataract operations (extraction, couching, and tearing) performed by himself during twenty years. The author enters into many details which will prove extremely useful as a basis for ophthalmological conclusions. Of the main results, we may state that, out of the 2317 operations by the three methods, 1921 were completely successful; 141 partially so; and 255 were failures. Out of the latter, however, the operation was tried again, and proved successful in 19 cases. As to the method of operating, the author finds that, by comparing the successful operations with the failures, the latter give nine per cent. for extraction, and thirty-nine per cent. for couching. Dr. Rivaud has, therefore, almost given up couching, except in peculiar cases. Tearing failed only in five per cent. of the cases; but is only applicable in congenital or soft cataracts.—*Ibid.*

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Treatment of Ozæna.—M. TROUSSEAU recommends the following powder, to be blown into the nostrils in cases of ozæna: Calomel gr. xviii; red oxide of mercury gr. ix; powdered candied sugar ℥ss. A little of this should be blown in in children, or inspired by adults, six or seven times a day, after the nostrils have been cleansed of mucus by injections. The patient should take care not to swallow any of the mucus mixed with the powder that may escape into the fauces. M. Trousseau also uses the following injection: Bichloride of mercury ʒiss; rectified spirits ʒij, gr. xv; distilled water ℥xiv. Half a teaspoonful of this is injected twice a day, mixed in a glass of warm water. The quantity of the mercurial may be increased.—*British Medical Journal*, September 7, 1861, from *Rev de Thérap.*, June 15.

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Laryngitis: Death under Chloroform administered prior to and during Tracheotomy. By J. G. DAVEY.—The patient was a little boy, aged 7 years, the son of a clergyman living at Thornbury. I saw him, for the first time, with Mr. Salmon, Surgeon, of that place, last Monday fortnight, about 3 A. M. At this time the symptoms of laryngitis were urgent; but he was said to be better than he had been. The respiration was much oppressed, and of that peculiar crowing character which belongs to the disease; the voice was husky and croaking, and very faint, reduced frequently to a mere whisper. There was occasional cough. On looking into the throat, the fauces and tonsils were seen of a bright scarlet colour. The pulse was hurried, about 120; the countenance anxious; and the vital powers seemed oppressed. Hot baths, counterirritation, calomel, with emetics, were the means of treatment adopted by Mr. Salmon. I advised the inhalation of hot-water vapour, the solution of nitrate of silver as a topical application, and an additional emetic of ipecacuanha wine. Wine and water, milk, beef-tea, and such like, were directed to be given in small quantities, and according to circumstances.

I met Mr. Salmon again, with Mr. Long and Mr. Gill, about 10 P. M. of the same day (Monday). It was our unanimous opinion that the little boy was not only much worse, but in the most extreme danger; and that tracheotomy offered but a slight chance of relief. After some unavoidable delay, the operation was performed. Mr. Salmon was not very well, and he therefore asked me to operate for him: this I did. In addition to the assistance of Mr. Salmon, I had that of Mr. Long and Mr. Gill. The two last named gentlemen managed the administration of the chloroform. I need not add, that the chloroform was used in the most careful manner—*i. e.*, diluted, as far as practicable, with the atmospheric air, and allowed to be inhaled very slowly. No time was lost in the several steps of the operation; the trachea was quickly opened, and the tube duly inserted. The rapid up-and down movement (*i. e.*, spasm) of the glottis, larynx, etc.—and which formed a particular feature in the case—was relieved by the inhalation of the chloroform; so that there was no kind of difficulty in fixing the trachea and incising it. However, the tube was scarcely within the trachea ere our patient gasped and died. Artificial respiration was directly commenced, and continued for about twenty-five minutes. Cold water was dashed on the face, and neck, and chest; and stimulants were externally applied; but with no effect.

Forty-eight hours after death, an examination of the body was made by Messrs. Long and Gill of Thornbury; and I am afforded the opportunity of presenting for your inspection the diseased parts. You will observe that the mucous lining of the larynx is greatly changed from its normal state; that there is much infiltration into the tissues affected; and that these present signs of a general "engorgement," with marks of ulceration. The lymph so abundantly effused has taken on a puriform character—a good evidence of the acute nature of the affection. The epiglottis, too, is thickened and erect. The piece of quill occupies the site of the incision into the upper part of the trachea.

Such, then, are the simple facts of an unlucky case. I suppose it must be conceded that the *proximate* cause of death was chloroform; but, no doubt, the antecedents—the pathological antecedents—of our little patient had very much more to do with the sad and fatal termination recorded.

Before I sit down, I would invite your attention to this small instrument. It is just possible it may be unknown to some few gentlemen present. The *tracheotome*, invented by, I believe, the late Dr. M. Hall is an excellent substitute for the ordinary scalpel, etc. With this very ingenious contrivance, the performance of tracheotomy is indeed a very simple affair.—*Ibid.*

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Mortality among Infants in France.—At a recent meeting of the Academy of Sciences, Dr. Bouchut presented a statistical account of the mortality of children within a period of twenty years—viz.: from 1839 to 1859, taken from the registration of the Administration of Public Assistance. One of his tables comprises 48,525 children deposited at the Foundling Hospital; another table comprises 24,169 children sent to nurse by the Administration. The principal results at which our author arrives are as follows: 1. Mortality among children in France amounts to one-sixth during the first year of life, while formerly it was one-fourth. 2. Within the same period the mortality among males, taken alone, is one-fifth; among females, one-sixth. 3. Mortality is greater among the children of the poor than among those of the rich. 4. Cold weather increases the mortality of newly born infants; and in winter children cannot without danger be taken either to the mairie or the church. 5. Among foundlings the mortality is 11 per cent. during the first ten days of life, and 55 per cent. within the first year. 6. Dry-nursing, or bringing up by hand, greatly increases the chances of death among foundlings. 7. The mortality among children of the middle classes sent out to nurse is 29 per cent. within the first year. 8. Within that period mortality is greater in the thirteen departments which lie around Paris than in any other department in France, and this is probably owing to the greater number of foundlings they contain, to the want of necessary care by the nurses who receive the children, and to the influence of the endemical or epidemical disorders that prevail in the capital.—*Medical Times and Gazette*, November 2, 1861.

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Hygiene taught in French Military Schools.—Regular lectures on hygiene have lately been delivered at the St. Cyr School, in France, where young gentlemen are trained for commissions in the army. This innovation may have very beneficial results in initiating military officers into the principles of hygiene, which may, by them, be applied for the advantage of their men.—*Lancet*, Oct. 12, 1861.

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Ventilation of School Rooms.—"It is most lamentable," writes Dr. Laycock, "to see the overcrowding in preparatory schools for young children, usually held in what are or have been private houses, and in which the air-supply is wholly insufficient for even maintaining health at all. If schoolmasters were thoroughly imbued with the simple but fundamental truth, that more oxygen is necessary for the brain in action than in repose, they would never rest until they had secured for themselves and their charge at least as ample a supply of air in the class-rooms, as is thought necessary for the sleeping-rooms of paupers and prisoners."—*British Med. Journ.*, Sept. 21, 1861.

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Ventilation.—M. Tardieu, speaking of the ventilation of the Hôpital Lariboisière, by means of which 130 cubic metres of air are distributed to each patient per hour, and which has cost so large a sum of money, observed that this superb ventilation, joined with the other excellent hygienic conditions of the hospital, has not protected it from the invasion of infectious diseases, erysipelas, purulent diseases, puerperal fevers, etc., which decimate the other hospitals of Paris. —*British Med. Journal*, August 10, 1861.

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Epidemic Erysipelas.—This disease is now raging in the Paris Hospitals, and several medical men and students have fallen victims to it. The *Gazette des Hôpitaux* states that in M. Voillemier's wards alone, at Lariboisière, a sister of charity and two students, both the latter *externes*, have died in a few days.

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Trinity College, Dublin.—DR. ROBERT ADAMS has been elected to the University Professorship of Surgery in this college, recently become vacant by the death of Dr. Cusack.

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Medical Students in the Prussian Universities, in the Winter Session of 1860–61.—The number amounted to 825, viz: 721 Prussians and 104 foreigners. The 825 were distributed over the different universities as follows: Greisswald, 136; Halle, 53; Breslau, 114; Königsberg, 102; Berlin, 311 (240 Prussians and 71 foreigners); Bonn, 109.—*Med. Times and Gaz.*, Nov. 2, 1861.

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Medical Students in London.—It is stated (*Lancet*, Oct. 26) that 1116 students have registered this session as pursuing their studies at the twelve metropolitan schools, against 1228 last year, showing a decrease of 112. The number of new entries amounts to 344, against 483 of last year, exhibiting a decrease of 139.

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Guy's Hospital.—MR. FRANCE has resigned the office of ophthalmic surgeon to this institution.

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The Dublin Journal of Medical Science.—Dr. George Kidd, of Dublin, has become Editor of the Dublin Quarterly Medical Journal, in place of Dr. Neligan, who has carried it on for twelve years.—*British Med. Journ.*, Sept. 14, 1861.

Cholera in India.—The Indian journals received by the last mail, bring intelligence of fearful havoc in the ranks of our soldiers in India, by that terrible scourge, cholera. The *Mofussilite*, referring to the Meerut station says: "Old and well remembered faces are momentarily passing from us. Those whom a few hours ago we met in familiar conversation are now no more. To convince any one that the cholera is prevalent, it is only necessary for them to attend at the burial-ground before daybreak and at sunset daily. Within the last few days, several of the Europeans in this and the surrounding stations have succumbed to it."—*British Med. Journ.*, Sept. 14, 1861.

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Aërated Bread.—"When Dr. Dauglish's aërated bread," says the *Medical Times and Gazette*, November 2, 1861, "was first introduced to us, two or three years ago, we all welcomed it as an agreeable variety at the breakfast-table, and we regretted its disappearance. We shall be glad to hear that it is again brought into the market, although we must protest against some of the statements which have been published by too partial friends, both in favour of it, and in depreciation of the bread furnished by the regular baker. Science is very apt to be blinded when there is a commercial element involved. It is confessed by the advocates of the aërated bread, that a very small quantity of organic matter in the water employed, sets a peculiar fermentation going, and gives a musty taste to the bread. It is further alleged that the flavour of musty and inferior flour cannot be hidden by the aërating process, as it can by fermentation; and these are serious reasons in favour of fermenting the poor man's loaf, inasmuch as absolutely pure water and the best flour are not always accessible. Moreover, it is alleged that from three to six per cent. of flour is spoiled in the common fermentation—a statement which requires confirmation. It is said, further, that the branny portions of the flour can be further utilized by the aërating process, whereas civilized man, by a universal instinct, chooses the whitest and most nutritious parts of the flour, and leaves the bran (spite of the nitrogenous composition of the cerealin which it contains) to animals with more capacious bowels and smaller brains. We shall be glad to see any improvement in bread-making; but after all, it is of no use to argue about it; the stomach will decide the question; and we would remind speculators, that *à-priori* arguments in favour of food are often set aside by the stomach, which is an organ with an obstinate predilection for the empirical philosophy."

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New Sydenham Society.—The third annual general meeting of the members of the New Sydenham Society was held at Canterbury, on Thursday, July 25th; Dr. Humphry, Vice-President, in the chair. The report and balance-sheet were read. The report showed that since the last annual meeting the number of members had steadily increased, and the demand for the works already published by the society had been such, that the whole of the second edition of those for 1859 (making a total of 3500) was exhausted. The society now numbers 3500 members; should the society reach 4000 members, it was calculated that, in addition to an Annual Fasciculus of the Atlas and the Year-book, three other printed volumes may be supplied for a single subscription. With regard to the Year-book, the council had the satisfaction of knowing that the general plan of their first volume had met the approbation of those for whose use the work is designed. Well aware that the attainment of anything like completeness is not to be hoped for, the council still confidently trusted that, should the society approve of its continuance, each recurring Year-book will be found to be an improvement on its predecessors. A considerable surplus of £1255 appeared in the balance sheet as remaining in the treasurer's hands at the date of the audit. Of this sum more than £900 was then due, and had since been paid for the printing, etc., of the first Fasciculus of the Atlas, leaving about £400 available for the current year. With this surplus the council trusted to be able, in addition to a second Fasciculus, to afford four volumes. During the year, the sum of £326 had been received from the treasurer of the former Sydenham Society, being the residuary amount remaining in his hands after the winding-up of its affairs.—*British Med. Journ.*, Aug. 17, 1861.

[Dr. Richard J. Dunglison, 121 South Tenth Street, Philadelphia, is one of the Hon. Local Secretaries, who will receive the annual subscription (five dollars and a quarter, payable in advance), and distribute the works published. The duty and expenses on the volumes amount to about one dollar *per annum*, which must also be paid by the subscriber.]

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Premiums for Infanticide.—Attention is called, in a recent number of the *Lancet* (Sept. 28th), to the injurious operation of Burial Societies upon the life-rates of the infantile population in England. Some years since the evil from this source became so glaring as to lead to the enactment of laws with a view to check it; but it seems that the legislative restrictions which followed the public scandal caused by the many murders obviously due to the excited cupidity of parents who had entered their children in a number of burial clubs, have not been sufficient to check the evil. It exists now in a very palpable and horrible degree. A recent report of the Registrar of Friendly Societies in England furnishes some materials by which we can estimate its extent. Not only does it appear from the returns at his command, that in a healthy town, such as Preston, remarkable for the health and longevity of its inhabitants, four times as many children in the hundred die in the burial clubs as in the poor hovels of Dorsetshire labourers; but the mortality of children insured in the burial clubs of that town is considerably greater than that of those uninsured. According to the official figures, 18 in 100 children of the upper class annually die in Preston before attaining the age of five years; in the middle class, 36 or 37 per cent. In this same healthy district, while infants of labouring men outside the clubs die at the rate of 36 in the 100 before reaching five years, children of the same age who are insured in the burial clubs die at the rate of from 62 to 64 per cent.

This serious revelation well supports many other facts known to sanitarians, tending to prove that the causes which hasten the decline of infantile life and give rise to the present excessive and opprobrious mortality amongst children are not purely hygienic and physical, but are of a moral and political character, concerning the statesman not less than the physician. The fact of any number of children of the poor being entered in a burial club insures a terrible increase in the proportion of deaths amongst them. There is no charge of direct and individual infanticide substantiated by this statement; but it would appear that from the moment the death of a child is systematically contemplated and provided for, it is likely to be neglected or less anxiously watched, and its chances of life are diminished.

The only remedy for this evil seems to be the abolition of burial clubs.

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Clerical Quackery.—The "*Siècle*" has the following: "We often allude to the encroachments of the clergy upon the domains of medicine; and *L'Union Médi-*

cale points out a fresh instance in its last number of this growing tendency to transform parish priests into physicians by means of little pamphlets containing infallible remedies for all sorts of maladies—such as hernias, palpitations of the heart, aneurism, erysipelas, complaints in the chest, hydrophobia, sprains, &c., and *even maladies peculiar to the other sex.*" A remedy for jaundice, discovered by a certain Abbé P——, is as follows (the Abbé writes to a patient no doubt): "I can communicate to you a remedy I have employed against jaundice with the greatest success. I have already tried it on one of my sisters. Her skin was as yellow as an orange, so I took a live eel, placed it round her throat like a necklace, and then stitched the animal's head and tail together. In twenty-four hours the eel had sucked out all the humours, and become quite yellow, and the cure was complete." "We might," adds the *Siècle*, "quote two hundred receipts of the same value—(N. B. This journal kindly abstains from so doing)—all prescribed by ecclesiastics, who certify that they have employed them with success."

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Obituary Record.—Died in Dublin, on the 14th of October, **William Tagert**, F. R. C. S. I.; the cotemporary and fellow-student of Cusack, Marsh, Porter, Harrison and Montgomery, after a protracted illness, in the 68th year of his age. As an hospital surgeon and lecturer, positions which he filled for a number of years, with the greatest success, Mr. T. did much to elevate Irish surgery.

——recently at Val-de-Grace, Paris, at the early age of 46, **Gaspard Leonard Scrive**, Chief Inspector of the French Army. M. Scrive was Surgeon-in-Chief of the French Army during the Crimean War, of which campaign he has published an interesting surgical history. He possessed great administrative abilities combined with a comprehensive knowledge of the practical duties of his profession and great dexterity in the performance of surgical operations.

NOTICE TO SUBSCRIBERS.

The Library Department of the "Medical News" for 1862 will be occupied by the continuation of Professor Simpson's valuable "Clinical Lectures on the Diseases of Women," which have thus far given so much satisfaction to subscribers.

Subscribers to the "American Journal of the Medical Sciences" are reminded that *advance payment* is requisite to entitle them to receive the "Medical News and Library" without charge. A remittance of Five Dollars during the present month will secure for them both periodicals for 1862, *free of postage.*

The interruption of communication with the Southern States, and the general preoccupation incident to a time of war, must of course diminish to some extent the circulation of these periodicals. Subscribers can, however, rely that the editor and publishers will in no degree relax their efforts to render their journals more worthy of the support of the profession. The career of the "Journal" for over forty years, and of the "News" for nearly twenty, is a guarantee that no pains will be spared to maintain their character as faithful chroniclers of medical progress, useful, if not indispensable, to every practitioner.

The publishers hope for a continuance of the interest which has led their friends to extend the circulation of the "Journal" by procuring new subscribers, and will be happy to acknowledge it by forwarding, post-paid, a copy of

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CLINICS.

CLINICAL LECTURE.

On Tuberculosis, and the Evidences of the Deposit or Formation of Tubercle in the Child. Delivered at the Hospital for sick children. By WILLIAM JENNER, M. D, Physician to the Hospital, &c. &c.

GENTLEMEN: In my last lecture[1] I described the symptoms of acute tuberculization. I have to-day to speak of chronic tuberculization.

With reference to the general symptoms of the chronic forms of tuberculization I need now only remark that no line of demarcation can be drawn between them and those of the insidious acute form I described in my previous lecture; but the symptoms are less severe, sometimes even so trifling as to escape notice, and they are diffused over a longer time. Before considering the evidences which indicate the tuberculization of special parts, I desire to express what seem to me to be two laws in regard of the etiology of local tuberculization, viz: that activity of organic life is favourable to tuberculization, and that afflux of blood, active congestion of an organ or tissue in one who is the subject of tuberculosis, may determine the tuberculization of that organ or tissue. The truth of these rules is daily manifested, and the practical consequences in reference to prophylaxis and treatment which flow from them are most important.

There is a point of much interest which must here suggest itself to the pathologist who limits his attention to no one period of life, viz: the striking general contrast which exists in these respects between cancer and tubercle. Organs which are yet imperfectly developed, but which are on the way to perfection, and organs which are performing their functions with full vigour, are prone to tubercularize. The periods of growth and

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of active life are the periods most favourable to the formation of tubercle. Organs which have passed perfection, or which have just ceased to perform their fuctions, are in the state most prone to cancer. The period of languid organic life, or of incipient decay, local and general, is the period favourable to the development of cancer.

Cutaneous and Subcutaneous Tubercle.—The majority of writers have either failed to notice, or have passed by as of little importance, the subject of cutaneous and subcutaneous deposit of tubercle. But it is of importance to detect tubercle in these situations, less for itself than because tubercle formed here is evidence of a profound constitutional taint. Tubercles in the skin and subcutaneous tissue are often associated with, or followed by, tuberculization of bone and its consequences.

Cutaneous and subcutaneous tubercles have often been mistaken for syphilitic, and now and then for glandular swellings. In the skin and cellular tissue beneath I have seen gray and yellow tubercles—crude and softened tubercle.

The first thing observed is a hard, indolent, painless mass, usually in the subcutaneous cellular tissue about the size of a pea; it may be as big as a small nut. The skin over it is natural in colour and temperature. The little tumour is free from adhesions—it can be moved about in the cellular tissue and the skin can be moved over it. After a time the mass adheres to the skin—the skin becomes discoloured, assumes a purplish red tint, and gives way, and the softened tubercle mixed with pus is evacuated. Less commonly the disease begins in the substance of the skin itself. If all the tubercle have softened before the skin gives way, the whole may be at once evacuated and the part heal, but if it have not all softened, or if fresh tubercle be deposited around, then a small aperture remains, from which every now and then a discharge occurs. The margin and floor of such an ulcer is hard in proportion to the amount of tubercle in the skin and subcutaneous tissue. Deep cicatrices commonly follow on the healing of these tubercular ulcers. They are often called scrofulous. Usually there are not more than four or five collections of cutaneous and subcutaneous tubercle present at the same time, now and then there is one only, and now and then there are a dozen or more. In several of these cases I have seen the bones of the hand become diseased (a model taken from a case of this kind is on the table), and in one case some of the cervical vertebræ suffered. It is in early childhood especially that tubercles are formed in the skin and subcutaneous tissue. I have seen them in a child of eight months old, and in a girl of fifteen; they are most common, I think, between the ages of ten and thirty months. From the evidence they afford of profound diathetic disease, the prognosis in cutaneous and subcutaneous tubercles is always grave.

Tubercles in the Lymphatic Glands.—As activity of functions of a part *disposes to* the formation of tubercle in the same part, and as undue afflux of blood to a part *determines* the formation of tubercle, the lymphatic glands in the child are more often than any other organ[1] the seat of tubercle; for in the child the lymphatic glands are in a state of functional activity, and become, from the least irritation, the seat of active congestion.

For the purpose of facilitating description, we may divide the lymphatic glands into two sets, viz., those which are seated more or less directly under the skin, and those which are seated in the chest and abdomen. But it must not be forgotten that, in reference to the local state of the glands, to the predisposing cause, and to the essential points of the determining cause of the deposit or formation of tubercle, the two sets of glands are identical.

In order to give a clear idea of the characters of the subcutaneous glands when the seat of tubercle, I will briefly recapitulate the pathological causes of enlarged glands, and the mode of distinguishing glands enlarged from different pathological conditions from each other.

1*st.* The most healthy child who has impetigo of the hairy scalp—*i. e.* suppurative inflammation of the hair-follicles—will be certain to have enlargement of the glands to which the lymphatics from the inflamed follicles lead. The enlargement of the glands under these circumstances is probably the consequence of the passage into the gland of some irritating substance brought by the lymphatics from the inflamed follicle to the gland. The enlargement of the gland is the result of an excess of blood in it, the effusion of serosity, and the exudation of more or less lymph into it. If the source of the irritant, viz., the inflammation of the hair follicle, be quickly cured, the lymphatic glands quickly resume their normal size; if the cure be long delayed, then the lymphatic gland remains permanently enlarged; if the primary mischief, the scalp disease, be severe, and the disease neglected, then suppuration of the lymphatic gland may be the consequence. If several glands be secondarily affected, then the glands nearest to the source of the irritant are first and most severely inflamed. I have illustrated what I desire to impress on you by reference to what takes place in suppurative inflammation of the hair-follicles; but the same consequence follows in the lymphatic glands whenever the *substance* of the true skin is inflamed. Primary inflammation of a lymphatic gland is in a child a rare disease; the cases I have seen might be counted by units. Inflammation of lymphatic glands secondary to distant mischief is one of the most common of diseases; the cases I have seen might be counted by thousands.

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[1] The lymphatic glands are one organ when viewed with reference to their susceptibility to diseased actions.

As to the diagnosis of glands enlarged from this cause:—

(*a*). The enlargement is limited to one set of glands; for example, in the case I have supposed, impetigo of the scalp, to the glands of the neck, and often to those of one part of the neck, as to those behind the sterno-cleido-mastoideus, when the occiput alone is the seat of the impetigo, or to those under the symphysis menti, when the impetigo is limited to the chin.

(*b*). In the earlier stage and in the severer form, the glands are soft and tender, and their outline not very sharply defined.

(*c*). The source of irritation may be found at the spot from whence the lymphatics leading to the gland arise.

(*d*). In the chronic stage, the nature of the enlargement is to be inferred, and only inferred, from the small number affected, their small size, their hardness, their moderate movability, their indolence, and duration without alteration, and now and then by the history. Lymphatic glands chronically enlarged, from the pressure of unabsorbed lymph in their substance, rarely, if ever, inflame again, and consequently, manifest no tendency to suppuration.

2*d*. I have spoken of what takes place when a healthy child is the subject of inflammation, and especially suppurative inflammation, of the true cutis; but if the child, instead of being healthy, be strumous, then an amount of inflammation of the skin which would cause only the most trifling active congestion of the lymphatic glands to which the lymphathics of the inflamed part lead, would cause very great enlargement of the glands, and even suppurative inflammation.

But in the strumous child the lymphatic glands are generally more perceptible to touch, somewhat larger than are those of the healthy child. At the same time they are not hard, nor very sharply defined, nor particularly movable, as when the seat of albuminoid infiltration. The whole of the glands are pretty equally affected. The enlargement is not limited to one set, but those of the neck, axillæ, groin, etc , are all in the condition described.

3*d*. When the glands are the seat of albuminoid disease, they are very hard, sharply defined, and movable. At the same time, though larger than natural, they never attain a really large size, are singularly indisposed to inflammation, and especially indisposed to suppurative inflammation. All the lymphatic glands are affected, and as a rule, pretty equally. In the neck, axillæ, and groins, we feel under the skin deep and superficial glands, like shots and peas.

4*th*. For the so-called hypertrophy of the lymphatic glands in leucocythemia the blood affords the diagnostic sign.

5*th*. The lymphatic glands of a child the subject of tuberculosis are not more perceptible to the touch (unless they themselves be the seat of some localized disease), than are the glands of a healthy child. But children the subject of tuberculosis are more disposed than are healthy, though less so than rickety children, to suffer from albuminoid infiltration of the lymphatic glands. So that a child being the subject of tuberculosis, we may find its lymphatic glands hard, movable, and presenting the characters I just now described as evidencing the existence of this lesion.

Uninflamed lymphatic glands in which crude tubercles are present, are large, hard, irregular in form, oval or round, but usually more or less uneven or nodular on the surface. It is rare for a single gland only to be diseased, usually several of the same set of glands suffer, and very commonly the corresponding set of glands on the two sides of the body; thus the chain of glands down the neck on both sides, or the glands in both groins. The lymphatic glands of the neck most commonly suffer, then those of the axillæ, and then those of the groins. While the glands on the two sides so commonly suffer at the same time, it is rare for them to suffer in an equal degree. There is no symmetry in the lesions, and in the same set or chain of glands we find some much more extensively affected than others, and supposing it to be the glands of the neck which are so diseased, there is no order in the degree of disease, that is to say, one or more glands in the uppermost part of the chain may be greatly diseased, then several scarcely at all, and then near the lower part of the chain one or more may be greatly diseased.

Sometimes there is a large mass, evidently made up of several enlarged glands, intimately united by condensed and thickened cellular tissue. We can only make out an imperfect division between the separate glands. The skin over the glands, while the tubercle is crude and the glands uninflamed, *i. e.*, in the state in which I have been describing them, is colourless, and not adherent to the mass. The part is free from pain and tenderness. In this stage of tuberculization of the exterior lymphatic glands, the diagnosis rests practically on their large size, and on the length of time they remain unchanged. I was about also to say, and on their chronic development, but in the lymphatic glands, as elsewhere, the formation of tubercle is favoured, not only by activity of the functions of the part, but also by active congestion; and, as a consequence of this, when a child who is the subject of tuberculosis has local disease of the skin or mucous membrane of the mouth or throat, of a nature to cause enlargement of the lymphatic glands to which the lymphatics from the inflamed part lead, that child is liable to have tubercle form in the glands which, in a healthy child under the conditions specified, would merely have serum and lymph exuded into them. So that whenever the lymphatic glands are greatly enlarged, even though it be acutely, and the primary mischief being cured, the lymphatic glands still continue unchanged in size, we may feel very sure, after some time has elapsed, that the glands have tubercularized.

Again, whenever a lymphatic gland has been enlarged for some time, and then spontaneously inflames, the skin over it becoming red and adherent, we may be confident that the cause of the inflammation is the presence of tubercle in the gland.

Wherever the characters I have mentioned are present, there can be no doubt about the nature of the disease; but now and then cases are met with in which the diagnosis is impossible. In these cases the amount of tubercle is very small, so that the gland is scarcely larger than in health; then the gland will be smooth on its surface, movable, indolent, hard—in fact, resemble a gland the seat of albuminoid infiltration, or a gland that was once in a state of active congestion, and the seat of exudation of lymph from distant local irritation.

In a doubtful case you attach much importance to the hereditary predisposition of the patient, and to the general characters of tuberculosis which may be present. The swellings in the neck of the girl who was here at my last lecture presented most unmistakable characters of being lymphatic glands the seat of tubercle; but had they been of more doubtful nature, the aspect of the girl, viz., that of strongly marked tuberculosis, would have given immense importance to the few characters of local deposit which might have been present.

Let me, before concluding this subject, recall to your minds the most common seats of primary inflammation leading to enlargement of superficial glands:—Active congestion, etc., of the glands under the rami of the jaw and symphysis menti is the consequence of inflammation of the true skin of the chin, lips, gums, and mucous membrane of the gums and mouth generally; early lancing the gums would save many a strumous child from sub-ramal glandular abscesses. Active congestion, etc., of the glands in front of the ear is the consequence of palpebral abscess—so-called stye—or of infiltration of the cutis of forehead or anterior part of scalp; active congestion, etc., of the glands behind the angle of the jaw, to inflammation of the tonsils or parts in their vicinity; active congestion, etc., of the glands directly under the ear, to disease of the ear; active congestion, etc., of the glands down the neck anterior to the stomach, to disease of the pharynx and larynx and front of the scalp; active congestion, etc., of the glands posterior to the sterno-cleido mastoideus, to disease of the occipital region of the scalp. With reference to the glands of the groin, I need only remind you that they are not uncommonly in a state of active congestion in the child in consequence of inflammation of the prepuce and glans penis in the male, and of the orifice of the vagina in the female.

There are some great facts I desire by all this to impress on the mind of the youngest of my hearers, viz.:—

1. That primary inflammation of the lymphatic glands is a very rare disease, even in scrofulous children.

2. That secondary inflammation of the superficial lymphatic glands is a very common disease.

3. That a superficial lymphatic gland being in a state of active congestion, by seeking out and treating the primary lesion, we can in all but every case prevent the occurrence of suppuration of the gland.

4. That when a superficial lymphatic gland inflames and suppurates without there being inflammation of the tissue from which the lymphatics to the gland lead, in almost all, if not in all cases, the gland so inflaming is the seat of the deposit of tubercle.

5. That the lymphatic glands of scrofulous children, and glands which contain tubercle inflame and suppurate from an amount of irritation which would merely lead to moderate active congestion of the glands in a child of healthy constitution.

Let us now consider the symptoms which indicate that the internal lymphatic glands are the seat of tubercle.

There are only two sets of internal glands which need occupy us, viz., the bronchial and the mesenteric. The symptoms which indicate that these glands are the seat of tubercle may be grouped under three heads:—

1*st*. The general symptoms which indicate that the patient is the subject of tuberculosis. The symptoms are those I described to you in my first lecture.

2*d*. The symptoms which result from the direct interference with the special functions of the glands affected, consequent on the damage of their texture resulting from the presence of the tubercle in them, or partly from that and partly from the damage inflicted on the glands by the active congestion, effusion of serosity, and exudation of lymph, which preceded and accompany the formation of the tubercle in them.

Now, as the lymphatic glands in the bronchial and mesenteric groups are numerous, and as, although when one gland of the set is the seat of tubercle, many others are commonly the seat of the same product, yet we find that many of each set so commonly escape, that enough remain undamaged to perform the necessary functions of these glands, and that the symptoms derivable from this source, in the present state of our knowledge, are, for the purpose of diagnosis, altogether insignificant.

3*d*. The local signs and the local symptoms connected directly with the presence of local lesion.

It is not many years since every child whose abdomen was larger than natural, or was supposed to be larger than natural, was commonly said to be the subject of mesenteric disease. A large abdomen at once called to mind disease of the mesenteric glands, and disease of the mesenteric glands signified tubercular deposit in the mesenteric glands. But, so far from tubercular disease of the mesenteric glands being the ordinary cause of a large abdomen in the child, it is very rarely the cause of it. It will be well for my younger hearers to recall to their minds the fact, that children under three years of age rarely have large deposits of tubercle in their mesenteric glands, while they very often have an exceedingly large abdomen.

In reference to the mesenteric glands, the only positive evidence that they are the seat of a deposit of tubercle is the detection by the hand of the large glands. When the mesenteric glands are the seat of a large deposit of tubercle they form a hard, nodular tumour about the umbilicus, which may be perceptible to touch. Sometimes the tumour is fixed, unable to be moved from side to side or from above downwards; sometimes a part of it, some nodules, are movable; sometimes the whole can be moved a little.

To what other conditions can such a tumour be due?

1. Fecal accumulations

These are to be distinguished from tubercular mesenteric glands.

(*a*). By their seat. They usually occupy the transverse and descending colon.

(*b*). By their shape. They are usually long, their long axis being in the direction of the long axis of the bowel.

(*c*). By their odour. Retained feces always, I believe, obtain a peculiar odour, and are accompanied by the frequent expulsion of flatus having the same stale stench.

(*d*). By their colour and consistence. The feces that are passed have a peculiar appearance. They are pale, somewhat lumpy, and brittle, with a granular fracture

But a knowledge of these points only guides to the idea that the tumour is formed of retained feces. The test of the correctness of the idea is the effect of enemata Aperient, after aperient by the mouth may be given without removing the mass, when a single enema shall produce such an effect as to leave no doubt on the mind.

Suppose you desire to use an enema for the purpose of diagnosis in such a case. Strip the child, lay it on the bed, and examine the abdomen, carefully noting the size and position of the tumour or tumours. Then administer yourself, or see well administered, a large enema of soap and water with four ounces of olive oil and a tablespoonful of oil of turpentine. Let the oil and turpentine be mixed with eight ounces of soap water and thrown by a good syringe —not a bladder and pipe—into the bowels, and then as much soap and water be thrown up as the child will bear, the object being thoroughly to distend the bowel, stimulate it to contract, and excite peristaltic action far above the point to which your injection reaches.

When an injection is thrown into the bowel a griping pain is soon produced. The child must be quieted. The pain subsides, and then a large quantity—a pint or more—may be injected into the bowel of a child of four years old. Then follows a sense of distension, and you feel that the abdomen is distended. Now the child must be restrained for a few minutes from expelling the injection, the orifice of the rectum being compressed pretty firmly by a cloth. If the enema has been well given, the child will soon, however, have to be placed on the pan.

The contents of the pan, and especially the altered size, or loss of the tumour, renders the diagnosis certain. Remember, although not directly bearing on our especial subject, that feces having once accumulated in quantity sufficient to produce a tumour in the abdomen of a child, are, unless great care be paid to the case, sure to accumulate again; so that if you direct an enema to be given, and do not see the child for some time after, you may find the tumour little changed.

2. Tubercle occasionally forms in quantity in the great omentum, and a tumour so constituted may easily be mistaken for a mass of tubercular mesenteric glands; as a rule it is less nodular, its edge is sharper, and it lies more superficially. Sometimes the diagnosis between the two is impossible, and the diagnosis is never of practical importance; a trial of skill, an interesting medical puzzle, and that is all.

As to other tumours that may be confounded with tubercular mesenteric glands, I am not practically acquainted with them. A case of cancer of the kidney was once mistaken for mesenteric disease; such could not have happened in any case of renal disease I have ever seen in a child or adult, and there is a case of disease of the pancreas on record in a child which *might* have been confounded with mesenteric disease, but was not. But tumour is not always perceptible. The tubercle in the glands may be small in quantity, or the glands affected widely separated, and so no tumour be there; or the state of the intestines may prevent the mass present being detected by touch. However, without there being a nodular mass in the umbilical region, we may sometimes feel by careful manipulation the tubercular glands, the parietes of the abdomen being thin and flaccid The nodular *mass* is, as a rule, most easily and distinctly felt by direct compression from before backwards of the anterior abdominal wall; the *single* glands by grasping the abdominal wall between the fingers and thumb, or between the fingers of the two hands, and compressing it laterally; in this way I have repeatedly felt glands not larger than a small nut floating or moving with the movements of the mesentery.

As to the less constant signs and symptoms of tubercular mesenteric glands—the abdomen may be of normal size; it may be, and very often is, retracted; now and then it is much distended. The direct cause of the distension is the accumulation of flatus in the intestines, due either to the generation of excess of flatus, or to the want of power to expel that generated.

Now, either the excessive formation or great accumulation may be, and frequently is, due to that condition of the mucous membrane of the intestine, and especially of its glandular structures, which is the cause of he active congestion of the glands, that determines the deposit of the tubercle in the mesenteric glands. So that you will have gathered from what I have been telling you, that a large abdomen is by no means a necessary concomitant of mesenteric disease, and that when a large abdomen does accompany mesenteric disease, it is due not directly to the mesenteric disease, but commonly to the state of intestine which induces the mesenteric disease.

The nodular tumour from mesenteric disease is only to be detected by depressing the parietes, and when the nodular tumour is large, the abdomen is often small. There is another symptom frequently observed when tubercles are present in the mesenteric glands, and depending, like the large abdomen, on the determining cause of the deposit of tubercle; that symptom is diarrhœa The diarrhœa, like the large abdomen, depends on the state of the mucous membrane of the intestines, loose stool and flatus going together. An uneasy sensation, or pain and tenderness of the abdomen, are both common concomitants of the disease of the abdominal lymphatic glands These symptoms are due, usually at any rate, if not always, to inflammation of the serous membrane over the glands—now and then to the state of the small intestines. It is certainly very rare for the glands to be so large as to compress the vena cava and induce œdema of the lower extremities.

A little serosity is not uncommonly present in the peritoneal cavity when the mesenteric glands are filled with tubercle; it is the consequence of the state which causes the tenderness, viz: the inflammation of the serous membrane covering the glands. We find after death in such cases increased vascularity of the serous membrane at the parts indicated.

When ascites is present, it is due either to compression of the vena portæ, by tubercular glands in the portal fissure, or to peritonitis.

Emaciation is a very common, but by no means a constant result of tubercular disease of the mesenteric glands. When the local disease is very extensive, it is generally present; but then you are to bear in mind that extensive tubercular disease of these glands is never present without tubercles forming in other parts It is difficult to tell the parts played in producing the emaciation by the various organs damaged. Still, I am disposed to think from what I have seen, that when the great majority of the mesenteric glands are damaged from tubercular or albuminoid infiltration. that emaciation, and even extreme emaciation, is the necessary consequence.

Conjoined with tuberculization of the mesenteric glands we so often find tuberculization of the peritoneum, and so many of the symptoms of the latter have been attributed to the former, that now, it seems to me, is the best place for its consideration.

In acute general tuberculization the peritoneum often partakes of the process, and we find it studded more or less thickly with gray granulations remarkable for their small size and their transparency. No local symptoms indicate their existence. The child suffers from the symptoms which indicate general tuberculization, but we cannot tell in any special case whether the peritoneum is or is not thus affected. Chronic tuberculization of the peritoneum is generally accompanied by inflammation of the peritoneum; and tuberculization of the peritoneum, when accompanied by symptoms, is accompanied by the symptoms of chronic peritonitis.

The abdomen is distended and blown, and at the same time the abdominal muscles are tense, so that the abdomen is large and resistant. As the distension is due to the presence of air in the intestines, the abdomen is resonant. As the air in the intestines is partly the result of accumulation, and that accumulation is due to inflammation of the peritoneum, pain (colicky in character) and tenderness are present.

Emaciation, derangement of the digestive functions, constipation, and diarrhœa, now one, now the other, are additional symptoms. Adhesions take place as the disease progresses between the coils of intestines, and then a solid, massy sensation is conveyed to the hand on manipulating the abdomen; and as in these cases there is often here and there between the coils of intestines a little fluid, there is often more or less fluctuation.

There are, in many cases, a peculiar expression of face, a worn, anxious look, and a care in movement which are quite peculiar. Occasionally sudden shaking of the abdomen causes more pain than actual pressure. The consequence is that the child in moving briskly, and especially on descending stairs, etc, puts its hands on to its abdomen to stay its vibrations and to afford it some support.

The spleen is frequently at the same time as the peritoneum the seat of tubercles, and can be felt extending a little below the false ribs. The spleen enlarged from the presence of tubercles in its substance never attains the large size of the spleen the seat of albuminoid infiltration, its edge is less sharp, and adhesions generally unite its peritoneal covering to the parietal peritoneum, and in consequence it is less movable than the albuminoid spleen.

The liver may be enlarged from fatty degeneration, as it is called, of its cells; and we often find scattered through it small gray tubercles, sometimes so transparent as to be easily overlooked.

The Bronchial Glands.—The general symptoms here also are, as in the other cases, those of tuberculosis.

If the tubercles be few they are unaccompanied by local signs. It is only when the glands, one or more, are stuffed with tubercle that we can ascertain their presence. The bronchial glands are situated chiefly about the bifurcation of the trachea, *i. e.*, under the first bone of the sternum and a little below it. In the young, healthy child there is, from the presence of the remains of the thymus, a little want of resonance at this spot; when the bronchial glands are distended by tubercle the dullness is considerable and passes below the first bone of the sternum and is much greater than natural, laterally. It is only rarely that appreciable dulness is to be detected between the scapulæ, and after death we see why this should be so, for in the vast majority of cases the enlarged bronchial glands are covered posteriorly by a considerable thickness of lung.

As the bronchial glands accompany the bronchial tubes, it is usual to have on one or the other side some masses of glands extend under the anterior margin of the lungs, and therefore it is common to have a cracked pot sound on percussing the cartilages of the upper three ribs on one or both sides. The air-containing lung is compressed during percussion between the solid mass of glands behind and the in-driven parietes in front; in this way the air is forced out suddenly from the healthy piece of lung, and the chinking sound is produced.

In the healthy child the breath sounds have the bronchial character over the first bone of the sternum. When the bronchial glands are stuffed with tubercle, the breathing is more tubular than in health, and preserves that character almost to the base of the heart. It has sometimes the same character between the scapulæ. The large hard glands not unfrequently compress the descending vena cava and produce a permanent venous hum audible over the course of the vessel; they may also compress the pulmonary artery and produce a systolic murmur having its point of greatest intensity at the second left interspace.

The veins of the neck are often greatly distended, the distension being extreme during coughing. Slight œdema of the face and upper extremity is sometimes a consequence of this impediment to the return of blood from the superior vena cava; epistaxis, and even hemorrhage into the arachnoid, have resulted from the same cause. I have seen hydrothorax from compression of the vena azygos. I never saw dysphagia from compression of the œsophagus by tubercular glands in the child, but I have read of it. The bronchial tubes may be narrowed by the pressure of the glands, and impediment to the entrance of air into the lungs be the consequence; hence will follow still greater atrophy of the lung than is proper to the patient from the tuberculosis. Cough is excited, and from this follows emphysema of the least supported and least compressed parts of the lungs. The nerves are irritated, continuous spasm may be the result; whispering voice, cough in succession, as in hooping cough, and even permanent, long, noisy inspirations, such as occur in hooping cough and in laryngismus stridulus.

Time does not permit me more than very briefly to refer to the termination of these affections, a subject scarcely within the scope of these lectures. In the superficial glands the gray tubercles, which are very common, either become obsolescent, or they pass into the stage of yellow tubercle, soften, and are evacuated by suppuration. Tubercles in this situation easily calcify.

When tubercles form in the mesenteric glands, death most commonly occurs while they are in the unsoftened yellow stage. Now and then the tubercles do not pass beyond the gray stage, the gray tubercles becoming obsolescent and the patient recovering. Not uncommonly, and that even when the quantity of tubercle in the mesenteric glands is large, it calcifies, and the patient recovers. Sometimes after death, softened yellow tubercle is found in some of the glands, and crude yellow tubercle in others.

In the bronchial glands obsolescence and calcification are extremely common terminations of tubercle. In comparatively rare cases, softened tubercle is eliminated through an opening into a bronchial tube, and a cavity formed. Calcified tubercle may be eliminated through a communication between the gland and one of the air-passages, usually (as Carswell has figured) near to the bifurcation of the trachea.

Tubercular peritonitis seldom ends favourably. When this does occur, adhesions form between the coils of intestines and the parietal peritoneum; the gray granulations become obsolescent, the masses of tubercle calcify.—*Medical Times and Gazette,* Oct. 26, 1861.

HOSPITAL NOTES AND GLEANINGS.

Chorea.—A series of cases of chorea has been under treatment in Dr. Peacock's wards at St. Thomas's Hospital, which well illustrates the facility with which the disease yields to treatment in some cases and its obstinacy in others, and the advantages which in the latter class of cases result from a change of remedies from time to time.

The first case was that of a girl, 8 years of age, who had never before suffered from the disease, and in whom the symptoms were of two weeks' duration. She was directed to have aperients at intervals, the tepid shower-bath, and to take the sulphate of zinc and valerian—at first in two-grain doses, and subsequently in the dose of twenty grains three times daily. She was discharged, entirely cured, in two months.

The next case was that of a female, in which chorea appeared as usual from a violent mental shock; but the patient was 57 years of age, much beyond the period of life at which the disease ordinarily appears, and the affection had continued four months at the time of her admission. The treatment employed was mild aperients, the shower-bath, and the exhibition internally of the saccharated carbonate of iron—at first in ten, and subsequently in twenty-grain doses. After two weeks, no material amendment being manifested, she was directed to take the liq. potassæ arsenitis, in doses of ♏iv. three times daily; the dose was subsequently increased to ♏viij, and continued for six weeks. During this time there was some, but not marked, improvement, and the sulphate of zinc and valerian were then had recourse to, the former remedy being ultimately given in a dose of twenty grains three times daily. It then excited sickness, and after a continuance of six weeks was abandoned. Under the use of the zinc she greatly improved, and was discharged from the hospital, with, however, some irregular action still continuing in the face and head, which rather took the form of paralysis agitans.

The third case was that of a female, 13 years of age, who had had two previous attacks of chorea, and had suffered under her present seizure for one month before admission. She was directed to have aperients, and to take the saccharated carbonate of iron, in doses of ten to twenty-five grains, three times daily, and to have the tepid shower bath. After this treatment had been continued for two weeks with but little benefit, it was replaced by the zinc and valerian, and the dose of the sulphate of zinc was carried in seven weeks to the extent of twenty grains three times daily. The symptoms were materially relieved by this treatment, but not cured; and the liq. potassæ arsenitis was now given in doses of four minims three times daily. After taking this remedy for two weeks, the spasms entirely ceased, and the patient was discharged in another fortnight, during which she took the quinine and iron, quite well.—*Med. Times and Gaz.,* Nov. 23, 1861.

Thirty-eight Exostoses growing from the Extremities of a Girl.—In reading the notes of the following case, chiefly remarkable for the large number of bony tumours present on the extremities, the question naturally arises, to what source can their presence be attributed? Surgical writers speak of syphilis, scrofula, cancer, and gout as predisposing causes, and they are known oftentimes to be hereditary; sometimes several members of the same family are subject to them. So far as the girl's history goes, no clearly assignable cause can be made out, unless a rheumatic tendency through the father, who has been a martyr to rheumatism almost all his life, be considered as such. He had a bony tumour removed on one occasion from one of his thighs.

As is the usual rule in these cases, the tumours are present on the long bones of the extremities; one only occurs on a flat bone—the scapula. They are not symmetrical, if we except the clavicle, yet they are so far uniform that as many as eighteen occur on the left, and twenty on the right extremity, giving a total of thirty-eight, in a girl who has not attained to puberty. In the young, about the age of puberty is the period most favourable for the appearance of these tumours.

As regards treatment, bony growths are so commonly seen single that very little importance is attached to them; they are removed, and there is no return. This, however, could not be practised in such an example as that under notice. We think there can be no doubt that in their nature they partake of the spongy or cancellous character, being primarily enchondromatous.

F. H——, aged fourteen, applied to Mr. Barwell, on the 29th of July last, for swellings in different parts of her body. Her mother died nine years ago of consumption; the father has suffered all his life till lately from rheumatism, and about thirty years ago had a bony tumour removed from one of the thighs by Sir B. Brodie. She is the youngest child; there have been many born, but all have died except one sister, who is now about twenty, and has a small bronchocele. F. H—— has not menstruated, is of lymphatic temperament, has always had good health, but now suffers from pain in the chest (gastrodynia), and has grown thin lately. She fell down when a few months old and hurt her arm. The surgeon called in seems to have said that she was so fat he could not tell whether a bone was broken; at all events, no fracture was detected. The left forearm is now very much deformed, being bent inwards a little below its middle at an angle of 35°. The ulna appears to have been broken, and the fragments now override; the radius is bent in a rather abrupt curve over to the ulnar side. At the point of flexion the two bones are very widely separated.

On examining one or two of the swellings which the girl showed, they were found to be exostoses, and so numerous as to render an examination into their actual number and position necessary. The exostoses, thirty-eight in number, vary from the size of a half-pea (and very likely there are smaller ones not detectable) to that of a hen's egg; the smallest being on the fingers, the largest on the thigh. They all occur on bones of the extremities, not one being found on any part of the head or trunk. With one exception, they all have their seat on long bones—the exception is the scapula, and the bony enlargement in that spot is more like a thickening than an exostosis. The bones of the carpus and tarsus are quite free, even though these excrescences are plentifully cropping out from long bones in their immediate neighbourhood. Their arrangement is not symmetrical (except at the clavicle). There is a grotesque straining after symmetry, as at the thighs and in other parts; but it always fails. There is an evident partiality for the ends of the long diaphyses, their centres being less frequently affected, and the epiphyses very rarely.

The large number of these exostoses would decidedly denote some constitutional defect, some unhealthy diathesis, giving rise to such excessive bony growth; but neither the general appearance nor the symptoms present anything to confirm such an idea. Dr. Willshire examined the urine, and found in it nothing abnormal. The condition of the left arm gives some clue to the probable state of the osseous system in general. The radius being so much bent, shows that the bones were all probably abnormally soft at a not very distant period. She affirms that the arm is getting more crooked pretty rapidly, and therefore it would appear that this bone (probably the whole skeleton) is unusually soft; but what connection, if any, there may be between such state and the abnormal deposit of bony matter is not evident.—*Lancet*, Nov. 9, 1861.

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Painful Ulcer of the Rectum.—Sophy O——, aged 22, a healthy woman, applied at Guy's Hospital for a painful defecation accompanied with the passage of blood per rectum, of seven months' duration. She had sought advice, but no inspection of the part had been made.

On examination, an ulcer was detected in the posterior portion of the bowel, about half an inch in length, its longest diameter being placed vertically. Mr. Bryant, having passed the speculum, at once divided the superficial fibres of the sphincter with a knife, and relief was immediately given to the patient, which proved permanent.—*Lancet*, Nov. 9, 1861.

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Vicarious Hæmatemesis.—Some months back there were two cases in St. Bartholomew's Hospital, illustrative of perverted menstruation, both patients having had hæmatemesis at their usual monthly period in place of the catamenia.

The first case was that of a domestic servant, aged 24, of a pallid and somewhat anæmic appearance, who first menstruated at the age of 22. The catamenia appeared naturally for four times only in succession, and then ceased. This was succeeded by vomiting of blood every month in place of the menstrual fluid, but it varied in quantity, being never very large. The sickness in the stomach during the periods was extreme. She was ordered a mixture of vinum ferri and infusion of quassia, and pills of aloes and myrrh. Under this she improved very much in her general health. In a fortnight an eczematous eruption broke out about the face, which was attributed to the iron, and it was therefore discontinued. After some months' stay in the hospital, the hæmatemesis was arrested, but the catamenia did not appear; the cure therefore would hardly be permanent. This patient had a bursal tumour situated over the left scapula.

The second case occurred in a seamstress aged 28, in whom the catamenia had ceased for three months, and were regularly replaced by the vicarious flow of blood from the stomach. The bowels were constipated, headache was constant, and there was a pain in the abdomen Her health was restored by treatment, and the catamenia reappeared before she left the hospital.—*Lancet*, Nov. 9, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Gross's System of Surgery.—This work, we are glad to perceive, has achieved the most flattering success. In our last Number we mentioned that a translation in Dutch was in preparation; and we can now state that the first edition of the work has been exhausted, and that a second will be published in a few days.

Case of Hermaphroditism.—Dr. J. W. Bragg, Assistant Surgeon, U. S. N., reports (*Boston Med. and Surg Journ.*, Nov. 28, 1861), the following case of this, met with in examining recruits for U. S. Naval service.

"He is a native of Ireland, and now 22 years of age. He has followed the sea for the last ten or twelve years. He is 5½ feet in height, with blue eyes, light hair, and light complexion. His usual weight is 150 pounds. His voice is of a decidedly feminine character. He has no beard and no hair, except upon his head and a few short scattering appendages around his rudimentary penis. His hands, arms and shoulders have the form, plumpness, and in every way the appearance of a well-developed female. His breasts are full, round, soft, and beautiful, with well-developed nipple and areolæ, and identical with the breast of a virgin. The curves of the thigh, so characteristic of the female, are well shown upon this truly wonderful form. His legs, feet and body all conform to that of a female. Upon a superficial observation of the genital organs, they were found to resemble those of a female, with a greatly enlarged clitoris. But upon more minute examination, we find the apparent external labia to consist of two folds of a diminutive scrotum, placed in apposition to each other. The raphe is distinctly marked. The testicles, which are about the size of a large pea, are situated high up in the region of the external rings, a little in front, and beneath them. The penis is about one inch and a half in length, with corresponding circumference. The prepuce adheres to the glans penis. He represents that he is capable of coition with females, and that his feelings sometimes prompt him to indulge. His penis is capable of erection, and, he states, of emission of semen."

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India-Rubber Stoppers for Bottles.—A writer in the *Boston Med. and Surg. Journ.* (Dec. 12, 1861) calls the attention of the profession to this recent invention, which will be a great convenience. "By means," he says, "of this admirable substitute for the common cork, bottles containing the strongest acids may be carried without danger in the pocket, and the great inconvenience and expense of ground-glass stoppers obviated. The vulcanized rubber of which they are made will resist, I believe, all chemical agents. I have kept a bottle of concentrated sulphuric ether, closed with one of these stoppers, inverted for several days, without the slightest visible effect being produced on the gum.

For alcohol, solutions of nitrate of silver, tincture of iodine, the various mineral acids, and, indeed, for all liquids, the India-rubber stopper is more than a convenience, it is a positive luxury, as, I am confident, all will agree who have tried it. To practitioners in the country, who carry their own medicines with them, it will be of inestimable advantage. In the sick room, also, the new stopper is of very great utility. By means of it, bottles containing effervescing fluids, such as champagne, citrate of magnesia, soda-water, etc., can be tightly corked again after having been opened, so that small quantities of their contents may be used at a time without the slightest detriment to the remainder. Lastly, and not least, these corks are sold at a price which will place them within the reach of all.

[These stoppers will doubtless prove very useful for many purposes, but the writer of the above article claims for them a resistance to the action of chemical agents which it is doubtful if they possess. It is said that *pure* ether, nitric ether, naphtha, most if not all the volatile oils, kerosoline and turpentine act upon these stoppers and destroy them after a short time.]

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Suspension of Medical Journals.—The existing state of the country has borne particularly hard upon medical journals, and compelled a large number of them to suspend publication. In addition to those the discontinuance of which has been already noticed, we must now add the Berkshire Medical Journal; the Cleveland Medical Gazette; the Maryland and Virginia Medical Journal; the Baltimore Journal of Medicine; Columbus Review of Medicine and Surgery; and Charleston Medical Journal and Review. The St. Louis Medical Journal, it is stated, will also be temporarily suspended.

We part with our contemporaries with regret, and wish their editors health and happiness, and that the pursuits in which they may engage will yield them a better reward than they have received for their editorial labours.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Two cases of this are recorded in late Nos. of the *Medical Times and Gazette*, one in the No. for Nov. 9th, and the other in the No. for Nov. 16th.

The first is related by Mr. W. E. C. Nourse, who says:—

I was requested by Mr. Field to administer chloroform during an operation for the removal of internal piles by the ecraseur. The patient was a large, stout, very muscular man, aged 50; the abdomen was prominent, and the countenance that of a man accustomed to drink, but not indicating any abnormal condition of the heart or other organ. There was no arcus senilis, and the pulse and respiration seemed natural. Two measured drachms of chloroform poured on a hollow sponge were first inhaled, in the usual gradual manner. The stage of excitement was strongly marked, with much muscular action and vociferation. After several minutes, the chloroform being exhausted, forty or fifty minims more were poured on the sponge, and inhaled at intervals. While the vociferation and struggling yet continued, some stertor appeared, and the sponge was at once withdrawn. In another minute full stertor came on; the face, without any pallor, showed a dusky, livid hue, the pulse ceased, and the respiration was becoming visibly slower. Mr. Field had not begun the operation. We instantly commenced artificial respiration, and slapped the face and chest with a wet towel; but only a few more inspirations or gasps were obtained. We continued the same means, took blood from the jugular vein, which was turgid, rubbed the limbs, and applied electro magnetism, assisted by two other medical men, but after the lapse of an hour, no sign of life being elicited, and the body becoming cold, further efforts were evidently useless.

On a *post-mortem* examination, the heart was found loaded with fat, its muscular substance thin and weak, and the walls of the right auricle and ventricle in a state of fatty degeneration. The right cavities were gorged with fluid blood. The valves and great vessels were healthy, and no other organ appeared to be in any abnormal state. Death had clearly occurred from failure of the heart's action, induced much more rapidly than could have happened under natural circumstances by chloroform, owing to the weakened and encumbered condition of the heart.

The second case is as follows :—

On Saturday, Mr. G. S. **Brent**, deputy coroner for West Middlesex, held an inquest at the Bank of England Tavern, Cambridge place, Paddington, on the body of Edwin Hambly, aged eight years, a native of St. Mabyn, Cornwall, whose death occurred while under the influence of chloroform on Wednesday, the 6th inst. Mr. Edwards, chloroformist to St. Mary's Hospital, deposed that he had held that position for the last eight years. The deceased was admitted to the Institution on the 25th ultimo to undergo a plastic operation to remove a great deformity, occasioned by a burn in the chin, which had the effect of drawing it down to an unusual degree, and turning the under lip inside out. On the day appointed for the operation, witness administered the chloroform gently. It took ten minutes to get the boy under its influence, and then the operation was commenced by Mr. Lane, the senior Surgeon. Just before the conclusion the deceased fainted, and, with a view to restore him, witness promptly commenced artificial respiration, which he kept up for half an-hour. Failing in his efforts, he was put in a warm bath, and galvanism was applied for an hour and a-half, but without success. Witness believed that the poor boy died instantly he fainted, from paralysis of the heart. This was the first and only fatal chloroform case he ever had since the opening of St. Mary's Hospital, now over ten years, during which time chloroform had been successfully administered to upwards of 4000 persons. In a *post-mortem* examination they found all the organs healthy, and no trace of disease anywhere. Death was solely from paralysis of the heart from the effects of chloroform. In reply to the deputy coroner and jury, witness said he considered chloroform invaluable, and had applied it with the utmost success, even in cases of operations where the heart had been very much diseased, and where there was hardly a lung sound enough for the patient to breathe through. He never had a case die before from chloroform. The strangest part of this affair was that, when death took place, the boy was apparently recovering from the effects of the chloroform. Other medical gentlemen who were examined fully corroborated the evidence of Mr. Edwards, and testified to his great experience, and his remarkable caution in the administration of chloroform. The jury returned a verdict that the deceased instantly died during the performance of a surgical operation upon him from the effects of a failure of the action of his heart, occasioned by chloroform accidentally and by misfortune.—*Med. Times and Gaz.* Nov. 16, 1861.

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Extensive Intussusception in an Infant.—**Dr. Penquer**, of Brest, relates the case of a child aged four months, who died after manifesting symptoms of intussusception, accompanied by discharge of blood *per anum.* On *post-mortem* examination, the cæcum and ascending and transverse colon were found to be entirely invaginated into the descending colon; the cæcum and its appendix lying near the rectum. Dr. Penquer says that invagination of the large intestine is common among children in Brittany, where the practice prevails of bandaging them tightly in linen, and leaving them alone for some hours.—*Brit. Med. Journ.*, Oct. 19, from *L' Union Méd.*, Aug. 22, 1861.

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Supply of Atmospheric Air to Public Buildings.—The Commission appointed to report on the question of warming and ventilating the Palais de Justice, Paris, comes to the conclusion that the following quantities of atmospheric air should be supplied per hour for each individual placed in the respective localities: Hospitals, day and night, 80 cubic mètres; during the period of dressing the surgical patients, 120 mètres; and during an epidemic, 150 mètres. Laboratories, 60 mètres. Barracks, during the day, 30 mètres, during the night, 60, and during epidemics, 120 mètres. Prisons, 60 metres. Amphitheatres, theatres, and assembly-rooms, 60 mètres. Schools, 30 mètres.—*Med. Times and Gaz.*, Nov. 30, from *Presse Belge.*

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The Manœuvres of the Sanitary Department of the Swiss Army.—A correspondent of the *Med. Times and Gaz.*, writing from Berne under date of Oct. 2d, 1861, gives the following highly interesting account of the organization of the Swiss Army :—

"As far as I am aware, the organization of the Sanitary Department of the Swiss Army is totally unknown abroad, and as it possesses many interesting and instructive peculiarities, I will to-day send you a short account of it; and, I believe, the best way to do this will be to report to you the doings of one of the last 'sanitary courses,' which are held every six months, and which I have personally witnessed.

"A number of medical men, sick attendants, and commissaries of ambulances were assembled in Zurich. The Staff-Surgeon first gave them instruction in the organization of foreign armies as well as of the Swiss forces, and the execution of the sanitary measures necessary for the efficiency of the service, the ambulances and hospitals, the general administration, the keeping of accounts, etc. They were then shown the whole material necessary for the sanitary arrangements, and had to practice its application, unpacking and re packing. Especial attention was called to the transport of the sick and wounded by rail and other means of locomotion, regard being had to the experience made in the last wars. Manœuvres were then made under the command of the Chief Staff-Surgeon of the Swiss Army. A sham fight by the artillery and the infantry took place for forcing the passage of a river, and thirty soldiers were left wounded along the banks, ticketed with cards stating the kind and locality of the wounds. This was done in order to test the efficiency of those attendants whose special duty is the search for, and the transport of the wounded.

"At a certain distance from the line of battle, on both wings of the force, the Surgeons set up in order to dress the wounded; all necessaries, straw, water, etc., being provided in abundance. A certain number of attendants and their helpers then advanced to the field of battle, searched for the wounded, made a rough preliminary dressing, and then transported them on suitable carriages to the Surgeons' tents where the real dressing was done, as simply as possible. Dressings with triangular towels were used for the wounds of the upper extremities, of the head and the feet, and for a large proportion of the wounds of the thigh. For fractures, different forms of single and double splints were employed, and the several methods of applying the gypsum bandage were practised—gypsum being always at hand in the Swiss ambulances. Capsules which are moulded for inclosing the whole extremity, and are only open at the top, will also be shortly introduced. This is of great importance, as they are superior to any other contrivance for the transport of the wounded. For limiting the use of the tourniquet as much as possible, the attendants and their helpers are practised in digital compression of the principal arteries, the experience of the Russian and English armies during the war in the Crimea having fully shown that this is far preferable to the use of the tourniquet. In the Italian campaign of 1859, therefore, scarcely any tourniquets were used; and even when amputations were made, digital compression was exclusively employed.

"At a suitable place an ambulance was put up, and with the greatest rapidity a tent, which afforded a room for about twenty wounded persons, was struck, and a transport wagon mounted. The attendants then unpacked the material, prepared beds in the tent, and a field-kitchen, according to the French system, in its neighbourhood: in from fifteen to twenty minutes the flag waved from the tent as signal that all was ready for the reception of the wounded. The chief of the ambulance assigned their proper places to every Surgeon and attendant, etc. A wagon, drawn by a horse, was sent to fetch the wounded from the Surgeon's tents on the wings of the force; such wounded persons as were still able to walk, followed the wagon on foot. They were then taken to the operating tables; the wounds were closely examined, the necessary operations made, and durable dressings put on; everything being done '*tuto, cito et jucunde.*' The commissary of the ambulance meanwhile distributed the material and made the necessary entries, while the wagon continually brought fresh supplies of wounded.

"In the meantime another party had formed a suitable lazaret in a house and shed in a neighbouring village, to which, in order to prevent a crowding of the ambulances, the wounded were from time to time transported, and there properly cared for. These proceedings were continued until all the wounded had been brought in, after which, the ambulances were cleaned and repacked, and the tent raised.

"By these exercises the sanitary field service was practised in its whole extent, and the connection and the mutual action of all its parts clearly shown. In order to afford a better view of the whole and to avoid loss of time, the several stations for rendering aid were situated much nearer to each other than would be the case in real warfare.

"I must not omit mentioning that we have no special sanitary troops, as is the case in some foreign armies, since the number of combatants would be thereby too much diminished; but the sick attendants form the nucleus of the sanitary troops, and if these do not prove sufficient, assistants are taken from the ranks. The attendants are therefore both soldiers and nurses, and these exercises by making them acquainted with all improvements introduced in the sanitary arrangements, render them more efficient than elsewhere. I have seen the sanitary service of the French armies during the whole of the Italian campaign of 1859; and in comparing with it the Swiss, I cannot speak too highly of the zeal and efficiency of the latter.

"Two such sanitary courses as just described are held every year—one for our Eastern, the other for the Western forces, and in each two or three sham dressings and nursings of wounded take place, and always under varied circumstances. By their means the commissaries' attendants and their assistants are made practically acquainted with the details of the service and their respective duties, and such young medical men who have only seen civil practice have the opportunity of learning the difference between this and military surgery. The circumstance that every Medical man in Switzerland is, at the same time, civil and military Physician, has perhaps some drawbacks, but I think the preceding lines have shown that it is also not devoid of advantages."

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Injurious Effects experienced by Workmen who Manufacture Children's India-rubber Balloons —These beautiful coloured toys, now so abundantly produced, are, according to a paper read by M. Delpech to the Academy of Medicine, the source of much mischief to the workpeople employed in their fabrication. For the caoutchouc to attain this excessive dilatation by insufflation it is requisite that it should be dipped in a mixture of sulphuret of carbon and chloride of sulphur; and as this last substance only constitutes a hundredth of the mixture, it is to the sulphuret of carbon M. Delpech attributes the deleterious effects in question. These he had already pointed out, in a former communication to the Academy, as occurring in other manufactories in which the vapours of sulphuret of carbon are inhaled in considerable quanties in close workshops. The accidents are of a remarkable character, being dependent upon affections of the digestive and nervous system and manifesting themselves in the form of anorexia, vomiting and colics, of hebetude, loss of memory, nervous irritability, sensual disturbances, cephalalgia, impotence, and paralysis. On more closely observing these cases, M. Delpech finds that these conditions of collapse are preceded by a stage of excitement, inordinate appetite preceding the anorexia, excessive sexual desire the anaphrodisia, hyperæsthesia and pain the paralysis, etc. M. Delpech points out the analogy of the action of this substance and that of anæsthetics as ether and chloroform.—*Med. Times and Gaz.*, Nov. 16, from *L'Union Méd.*, No. 133.

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The Cinchonæ in India.—In our October number, we alluded to the mission of Mr. Clements Markham in introducing into this country the quinine-yielding plants of South America. We regret to learn that the plants brought by Mr. Markham have all perished. They suffered so much from exposure to cold, in his journey across the Cordilleras, that very few of them survived the voyage to England, and from thence overland to the western coast. Cuttings were made by Mr. McIvor from some of the most promising looking plants, and it was hoped that these might be propagated; but by the latest accounts, we understand that all have perished. A second supply of young plants of the gray and yellow bark, have lately been received, as well as seeds. The plants, it is understood, are in a very unsatisfactory condition; but there is every hope that the supply of seeds will enable Mr. Markham to establish the practicability of growing the cinchonæ in this country. Mr. Markham has recently stated, in a letter to the *Madras Times*, that a further supply of plants and seeds is expected from the Ecuador, and that arrangements have been made with duly qualified agents, to continue sending supplies of both, so long as may be necessary. Attempts will at the same time be made to naturalize the cinchonæ in the hills of Jamaica and Ceylon. It is well known that the Dutch have successfully introduced these valuable plants into Java. They have now upwards of half a million of young trees planted out, chiefly of the Calisaya species; and it has been satisfactorily proved that a higher percentage of alkaloid is obtainable from the trees grown in Java, than from those which have flourished in their native forests. So jealous, however, are the authorities of their success in the experiment, that Dr. Macpherson, on a late visit to the island, was prohibited from bringing away with him a single plant or seed. Dr. Macpherson's description of the mode of culture practised in Java, we shall probably have the pleasure of publishing in our next number.—*Madras Quarterly Journal of Medical Sciences.*

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Remarkable Illustrations of Instinct.—The surprising faculty of vultures in discovering carrion has been a subject of much speculation as to whether it be dependent on their power of sight or of scent. It is not, however, more mysterious than the unerring certainty and rapidity with which some of the minor animals, and more especially insects, in warm climates congregate around the offal on which they feed. Circumstanced as they are. they must be guided towards their object mainly, if not exclusively, by the sense of smell; but that which excites astonishment is the small degree of odour which seems to suffice for the purpose, the subtlety and rapidity with which it traverses and impregnates the air, and the keen and quick perception with which it is taken up by the organs of those creatures. The instance of the scavenger beetles has been already alluded to; the promptitude with which they discern the existence of matter suited to their purposes, and the speed with which they hurry to it from all directions; often from distances as extraordinary, proportionably, as those traversed by the eye of the vulture. In the instance of the dying elephant referred to above, life was barely extinct when the flies, of which not one was visible but a moment before, arrived in clouds, and blackened the body by their multitude; scarcely an instant was allowed to elapse for the commencement of decomposition; no odour of putrefaction could be discerned by us who stood close by; yet some peculiar smell of mortality, simultaneously with parting breath, must have summoned them to the feast. Ants exhibit an instinct equally surprising. I have sometimes covered up a particle of refined sugar with paper on the centre of a polished table, and counted the number of minutes which would elapse before it was fastened on by the small black ants of Ceylon, and a line formed to lower it safely to the floor. Here was a substance which, to our apprehension at least, is altogether inodorous, and yet the quick sense of smell must have been the only conductor of the ants. It has been observed of those fishes which travel overland on the evaporation of the ponds in which they live that they invariably march in the direction of the nearest water; and even when captured, and placed on the floor of a room, their efforts to escape are always made towards the same point. Is the sense of smell sufficient to account for this display of instinct in them? or is it aided by special organs in the case of the others?—*Sir J. Emerson Tennent's Ceylon.*

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Guy's Hospital.—Mr. FRANCE has been appointed consulting Ophthalmic Surgeon; Mr. PALAND, late Assistant Surgeon, has been appointed full Surgeon and Surgeon to the Ophthalmic department; and Mr. BADER has been appointed Assistant Ophthalmic Surgeon.

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Electricity of the Torpedo.—M. MOREAU has reported to the French Academy of Sciences, that he has succeeded in collecting the electricity of the torpedo by means of an electroscope and gold condensor.—*Brit. Med. Journ.*, Oct. 12, 1861.

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Ophthalmia in the Prussian Army.—An official return just published in Prussia, shows that not fewer than 4,789 soldiers are now suffering from ophthalmia, and that 2,609 of them are in the corps of Pomerania.—*Ibid.*

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OBITUARY RECORD.—Died, at Whitechurch, near Reading, on the 13th of November, 1861, Sir JOHN FORBES, M. D, formerly editor of the *British and Foreign Medical Review*, and one of the leading professional men of Great Britain.

—— In Bordeaux, on the 25th of August, 1861, aged 78 years, Dr. DE GRATELOUP, a learned physician and naturalist.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Renewal of Life in Continued Fever. Delivered at St. Mary's Hospital, Oct. 16, 1861. By THOS. K. CHAMBERS, M. D., Lecturer on Medicine, and Physician to the Hospital.

GENTLEMEN: You saw a case of Continued Fever admitted into Albert Ward four days ago, which presents a good many points valuable for instruction.

Charles P., aged 15, a shop-messenger, who has grown rapidly lately, and has been worked perhaps rather beyond his strength, stated on admission that he had felt ill, languid, and unequal to exertion for six weeks. During the past fortnight he had come home every evening entirely without appetite for his supper, and had sat cowering over the fire in a shiver. For three days he had had vomiting of all food taken, diarrhœa, and pain in the belly. Cough also had come on with pain in the right side during respiration. He had expectorated transparent mucus with sooty specks in it.

On examination there was found on the surface of the abdomen and chest upwards of a dozen dingy fever-spots in several stages, some entirely disappearing on pressure, some not. There was no pain or gurgling on pressure of the bowels, and the diarrhœa was stated to have ceased. There was great muscular languor and inability to stand, and a very weary, dull look in the eyes. The right cheek was flushed. The lower part of the right lung was dull on percussion, and there were moist cracklings in it not very fine, and dry whistling râles scattered about the rest of the lungs. The tongue was thickly coated with yellow; the skin was hot and dry; the pulse 104, small and sharp. The urine was high-coloured, and deposited a copious yellow sediment, soluble by heat. The quantity passed during the next twenty-four hours was fifteen ounces of the specific gravity 1.020.

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The boy's mother stated that they lived in a healthy attic, dry and free from foul odours, and could in no wise account for the illness.

This is a sporadic case of the ordinary Continued Fever, common during the autumn in this metropolis, complicated by an intercurrent pneumonia. It has presented all the most important symptoms without the patient being so ill as to be unable to tell his story, or to make the repetition of it, and the examination of pupils dangerous to him. I will call your attention to what you may learn from it.

There is every reason to believe that the exciting cause of these fevers is a poison generated by decomposing organic matter and received into the body from without. It appears to be widely diffused through the air, especially in the neighbourhood of its origin in the air of sewers, putrid marshes, and crowded human habitations. If you are readers of popular sanitary literature you are probably satiated with the accumulated and *decies repetita* evidence of this fact. You are inclined to ask how it is, if the poison is spread so broadcast, that everybody does not get poisoned. You will wonder why it should get into the body of this boy, whilst you, really much more exposed to it, escape. But remember there are two things necessary to poisoning, not only the poison, but a person liable to be affected by it. And, in point of fact, the latter is the most important element in the transaction. It is only on a predisposed body that a morbid poison acts. It is most likely that we are all constantly taking in minute doses of typh (the exciting cause of these continued fevers), and that we can digest, oxidize it, or otherwise render it innocuous under ordinary circumstances. But should some epidemic influence or exceptional deficiency of vitality deprive us of the power of doing so, then we suffer the effects and have typhus fever or typhoid fever, as the case may be. There was sufficient reason for this boy being the victim while others escaped shown in his recent rapid growth and in his strength being overtasked by his work. The exhaustion of vitality allowed the poison to do its work.

Observe how slowly the poison acts in some cases. Our patient is upwards of five weeks ailing before any of the distinctive features of his fever show themselves, and then they appear one by one. The time is not usually so long, especially during epidemics, but you may detect it in the history of almost every case. And you ought to notice it, because from some systematic works you might be led to suppose that a continued fever was easily to be measured by days and hours from the exact minute of invasion. This is impossible in practice, and would be of little use were it possible.

I am inclined to think that the usual path by which the poison enters is the digestive canal. It is mixed with the saliva and carried down to the stomach, where it possibly may accumulate and be multiplied in the gastric mucus. During severe epidemics it has been observed that those who smoke, that is, stop up their mouths with tobacco, and spit out the saliva instead of swallowing it, are less liable to be attacked. And in an early stage, even after the poison has begun to act upon the system, the fever may be arrested by emptying the stomach; and thus apparently preventing the whole dose being taken up. Those who have watched my practice will have seen several instances of the success of this treatment, the fever cut short and convalescence entered upon immediately with its painless debility and emaciation gradually passing away.

One case last autumn gave me the opportunity of recording that the influence of the remedy is not merely apparent or accidental, but that it really removes an essential part of the disease. W. S., a robust lad, aged 15, came into the Hospital September 5, 1861, with hot skin, rigors, excessive muscular languor, pain in the back, limbs, and head of four days' duration, gurgling in the right iliac fossa and rose spots. For the first twenty-four hours he had no medicine, and the urine was kept and analyzed. The result exhibited the following quantities of its various constituents daily excreted:—

Date.	Quantity in cubic centimètres.	Specific gravity.	Urea (grammes).	Uric acid.	Chloride of sodium.	Sulphuric acid.	Phosphoric acid.
September 6, 1860	1000	1027	50.63	.43	.25	3.48	3.24

Then an emetic was administered, and coincident with an universal remission of all the symptoms, the urine exhibited the following remarkable change in the amount passed during the next five periods of twenty-four hours:—

Date.	Quantity in cubic centimètres.	Specific gravity.	Urea (grammes).	Uric acid.	Chloride of sodium.	Sulphuric acid.	Phosphoric acid.
September 7	530	1028	29.37	a trace	0.79	1.97	1.14
September 8 and 9; mean of two days, urine mixed	770	1016	14.79	0.037	2.68	1.008	0.72
September 10	1200	1011	18.42	0.090	4.20	1.34	0.32
September 11	1320	1006	16.71	a trace	4.62	0.96	0.71

Now, the contrast between these specimens of urine is exactly that which is found between the urine during fever and the urine during convalescence. In the first there is evidence of destructive metamorphosis going on with extreme rapidity; in the latter the destruction is overcome by renewal. And this change into convalescence was most strikingly marked as due to the operation of the emetic. When we see so often the immediate consequence of one dose of so simple a remedy, it is difficult to avoid the conclusion that its benefit is purely mechanical, and that it acts by removing from the mucous membrane of the stomach a poison only partially absorbed and still adherent to it. Another reason for suspecting that the gastric mucous membrane is an early if not a primary recipient of the poison, is that it early exhibits such special phenomena as usually accompany the ingestion of an unwholesome material. Spontaneous vomiting is very generally found in the first stage of fever (as you have observed in the patient under consideration) and seems to offer a presumption that the part which is then most feeling the effects of the poison is that organ which most resents it—the gastric mucous membrane. Such is the evidence by which I have been led to believe that the exciting cause of continued fever enters usually by the digestive canal—*valeat quantum.*

When the poison has once gained admission and is diffused by means of the circulation through the system, its effect is to destroy the vitality of a considerable amount of the organic living matter with which it comes in contact. The destruction is interstitial, not local—I mean, it does not kill absolutely a certain spot which it touches, like sulphuric acid, but it kills only certain constituents of the tissues. The destruction is partial, not entire—the organic matter is not utterly disorganized, but only reduced to a less vital, less organic condition. It may be traced easiest in the alterations found in the medium by which it is diffused. The blood, the common thoroughfare for distribution of good and evil to the tissues, exhibits a serious change. If you examine it under the microscope you will find that the normally shaped red disks are diminished in numbers as compared with what Pathologists call "melanosed" corpuscles, that is to say, dying or dead disks, shrivelled and small, of a dark colour, with black specks in them, and with gimped edges. In bad cases these are unable to range themselves in rolls, as healthy blood does when it coagulates; they seem to have scarce any attraction for one another and lie in amorphous heaps. They dissolve easily in the serum and form with it a red fluid. You may trace this dissolution in the dusky stain which the blood communicates to the skin in low fever.

This poisoning goes on very gradually in some cases, and apparently quicker in others. You heard from this boy that he was five weeks ailing before he gave up work. There was an imperfect renewal of the body, evidenced in the languor after exertion and in the loss of appetite or deficient demand for new material by the formative processes. But destructive assimilation is not arrested, there is no stop to the removal of the effete tissues by excretion. I think it is possible that in a great many cases the disease, the partial death, may stop here, the destroyed tissues and their destroyer together be disorganized, be reduced to their elements and pass away. The idea is incapable of proof, but it would account for a vast number of those mysterious languors, unclassified, unnamed, and often unpitied, which distress patients and puzzle Doctors. However, when the poisoning has reached a certain pitch, the nervous system cannot but take notice thereof, and express itself in the most common mode of taking notice of partial death, namely, by a shivering fit. Any severe injury to the body, a stretching of fibrous tissues, an operation, the fear of an operation, the absorption of destructive drugs, such as antimony, for example, will cause more or less of a rigor in proportion to the sensitiveness of the individual. And thus also when an interstitial death of some constituents of the body arrives at a certain point, there is a rigor. This rigor recurs from time to time at uncertain intervals, but generally about once a-day.

Then commences another symptom of partial death—pain. This boy described his head, his limbs, and his back as aching all at once. That is to say, wherever there was most tissue with sensitive nerves in it, there was pain, indicating the diseased state of that tissue. Now all this aching is a symptom of the earlier, rather than of the more advanced stages of fever; not because there is latterly less death, but because the nervous system becomes partially dead too, and does not feel so acutely.

Observe that this patient tells us of nausea and loss of appetite, which diminished the food eaten—of vomiting, which rejected the greater part of that diminished food—and of diarrhœa, which carried off the remainder scarce digested at all. Yet in spite of this, the amount of solid matter passed from the kidneys is considerable; the specific gravity of the fifteen ounces of urine passed in the twenty-four hours is 1020 The metamorphosis, therefore, of the dead effete tissues into urea and salts is quite as active as in health. There is a continuous destruction of them in spite of the defective supply. This goes on as long as the fever poison lasts in the body, but when it is got rid of, the destruction ceases, no more is metamorphosed than is required to make room for new material, and the specific gravity of the urine falls during convalescence. This may take place very suddenly, as in the instance I gave you of a fever cut short by an emetic; but in general the alteration is more gradual.

I have mentioned the large amount of urea in proportion to the nutrition in the urine of continued fever, which is rendered evident by its high specific gravity. There is also an increase very evident to the naked eye in another constituent of some importance, the coloured organic material, which gives the secretion its ordinary hue. You saw how dark this boy's water was, and how deeply it stained the vessel from which I poured it on a piece of white linen. There is great reason to suppose there is a close alliance between this substance and whatever gives the red tint to the blood-disks, and that its excess depends on excessive destruction of those important little living particles.

The sulphuric acid and phosphoric acid, combined with bases, which form a necessary part of urine, do not, in continued fever, follow the lead of the urea; their amount is less than in health. Whether this is due to the destructive metamorphosis taking less effect on the chief tissues containing sulphur and phosphorus, than it does on the blood and muscles, is uncertain. Dr. Parkes suggests that perhaps a third of the normal sulphates and phosphates of the urine are derived directly from the food, and not from the metamorphosis of tissue; and therefore that their diminution in continued fever may be owing to the starvation, while the amount which still remains represents a fair proportion of destruction[1].

The chlorine, in the shape of chloride of sodium, is also in small quantity, but not so deficient as to lead us to suppose that the metamorphosis of the chlorinated materials of the body does not go on, or that there is retention of it in the fluids. The great quantity of chloride of sodium taken as food, and directly mixing with all the fluids, again introduces a difficulty of observation. And another is offered by the frequency of intercurrent pneumonia, which itself causes a retention from the kidneys of chlorides. This patient, for example, has a little pneumonia, and we could not, therefore, say if absence of chlorides in his case were due to that inflammation or to typhoid fever. Other frequent impediments to knowledge are diarrhœa or colliquative sweats.

The diarrhœa so frequently accompanying low continued fever is a further evidence of death in the blood. Let the fluid fever stools be set to stand in a tall glass, and you will see them separate into two parts; the highest a semi-transparent serum, in which float epithelium scale and crystals of ammonio-magnesian phosphate; the lowest stratum a greenish-black flocculent precipitate. This last has no smell of bile, nor is bile to be discovered in it by chemical tests; but it contains broken-up blood-disks and a great quantity of dark, granular colouring matter—it is just like blood, altered by the secretions of the bowels. And very often, when you let the stools separate in this way, and look at them by transmitted light, you will see a visible sanguineous tinge in them; very often blood mixed with mucus is passed from the bowels. Blood, too, is not infrequently spit up with the mucus from the lungs, and drips from the nose; and in bad cases the dried up mucous membrane of the mouth cracks, and exudes the sanguineous serum on the surface of the tongue, producing the "dry, brown tongue" of severe fever. All these prominent symptoms call your attention to the interstitial death, the lessened life of the body.

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[1] Parkes "On the Urine," B. II., chap. iii., sect. 4.

The increased heat in fever is to the superficial observer rather adverse to the doctrine which I have advanced, of all disease being an evidence of diminished vitality. And, in truth, it requires some thought to see why it is not really so. But a complete answer to the idea of an augmentation of heat being necessarily an augmentation of life, is afforded by the fact of many recorded instances of the increase of corporeal warmth having taken place in corpses actually after death; so that, discarding at once the notion of its being a proof of vitality, we may try and trace what causes really rather to be associated with death may give rise to it in the cases under our eye. In the first place, in fever you have a diminution of the evaporation which takes place from a healthy skin, and which acts as such a powerful refrigerator, as any physiologist who has perspired knows full well. The dormant dry skin does not do its cooling office. Then, in the second place, there is a much larger quantity of dead matter to be evacuated, and the destructive metamorphosis of this, the semi-vital chemical destruction, raises the temperature, as all chemical solutions do. Wherever metamorphosis is rapid, the temperature is raised. But this metamorphosis alone, this passage of living into inorganic matter, cannot be called an increase of life, inasmuch as it indicates an advance of death. It is necessary indeed to the removal from the body of poisoned ingredients, and is so far an advantage, but still it is an indication of the quantity that is poisoned.

Cooling affusion is sometimes spoken of, both by opponents and advocates, as "checking" or "arresting" the febrile heat. This is apt to give you a wrong notion. If it really arrested the metamorphosis which is the cause of that heat, it would be obnoxious to all that could be said against it. But, in fact, it no more "arrests" or "checks" the heat than emptying the bladder "arrests" the secretion of urine. A moment's thought will show you that what it does is to *remove* the heat from the external surface, and if it affects the cause of heat at all, it would rather encourage it by making room for more.

Such are some of the most prominent consequences of the typh poison in the human body.

You may remember that, in the first Lecture, I warned you against the Evacuator's or Humoral Pathologist's doctrine of a *materies morbi*, which he looks upon as *the* disease, and which he thinks he has done his duty by endeavoring to eliminate. "Surely," you will say, "this which you have been describing is a most typical *materies morbi;* if I eliminate this, I cure the disease." Not so fast—the bullet which enters the soldier's ribs is a *materies morbi* —have you cured the disease when you have extracted it? Nay, more—suppose the bullet passed right through the chest and went out on the other side, would you consider the disease gone? No, the typh poison is not the disease, any more than a bullet, or sulphuric acid, or opium is a disease, though all may be a material cause of disease. The partial death which these agents cause is the disease—is that which requires to be treated, and must be the chief point for the physician's consideration.

Here, then, we bring our doctrine of RESTORATIVE MEDICINE to its touchstone—bedside application. The Restoratist asks himself, What vitality is wanting, and where? What material is wanting, and where? And, How shall I easiest supply them?

In the first place, if he sees the case early, almost the only thing he notices is the lowered vitality of the stomach—how badly it digests its food, and how it loathes its usual work. He conjectures that its function is arrested by the presence of some poison, and he empties it with an emetic. In many cases, early in the disease, this cuts it short at once, as I told you in a former part of the lecture, and as you have many opportunities of observing in the wards.

Secondly, supposing he is too late for this *coup de main*, he remarks that the skin is hot and dry, in a great measure from deficient perspiration and evaporation on the surface of the body. He undertakes to supply this want by an artificial moisture. He sponges the whole person over three or four times a-day with tepid water, to which the nurses here generally add some distilled vinegar to make it more agreeable. The relief given is most sensible and immediate; but of course it soon passes away, as changes of temperature are in their very nature temporary. It must therefore be frequently repeated.

I confess I am somewhat cautious about the employment of aqueous affusion where there is pneumonia in fever. It sometimes chills the chest and causes an attack of pleurisy on the inflamed side. Besides which it interferes with a plan I have of keeping a large poultice outside the affected part, and which I find so beneficial in pneumonia that I do not like to omit it. For this reason it was not done in the case of the present patient.

Thirdly, he sees that a large supply of nitrogenous material must be wanting. The nitrogenous tissues are devitalized, are running away in an enormous excretion of urea and other organic compounds, and nothing is taking their place. Shall he act allopathically, and give some drug whose tendency is to stop the passage of urea by the kidneys? I do not know exactly how he would set about it; but I know that if he succeeded, he would do an infinity of harm; for the very worst cases of fever are those in which metamorphosis is active (as shown by the heat), while the excretion of urea is arrested (as shown by the lightness of the urine); they resemble cases of urea poisoning from diseased kidneys. The other principles of treatment which I noticed in my Introductory Discourse[1] would not perhaps be so directly injurious, but common sense would still assign the palm to Restoration here. Let it be your chief aim to supply that which you so clearly see is passing away—nitrogenous food.

But how will you supply it? Solid meat would in all probability be vomited from the intolerable loathing it excites. If not vomited, it would lie for some time a mere foreign matter outside the mucous membrane of the digestive canal, and then pass away by diarrhœa with much flatus and fetor and much disengagement of gas during putrefaction. Your beef-steak might as well have been originally thrown down its final destination, the water-closet; to which it passes putrid though undigested. Neither is it wise to fill the stomach with large quantities of victuals, for the same result follows. No "meals" must, therefore, be taken. The prudent plan is to give very small doses of liquid nitrogenous aliment very frequently. These pass over the irritated stomach as if on the sly, and are taken up gradually by the intestines, requiring but very little digesting to make them fit for absorption. The best adapted food is that which is naturally supplied to the weakest stomach. The feeble digestive organs of babies can assimilate milk, and milk forms the most appropriate nourishment for the debilitated viscera of the fever patient. By giving two or three ounces every hour you may get down about a quart and a-half per diem. But in ordinary instances every two hours is often enough, and that period is adopted for the boy before us. If there is sufficient acid left in the stomach to coagulate the casein into clots, and cheesy lumps are rejected by vomiting, as happens sometimes in milder cases, you may guard against this by adding liquor calcis, or soda-water to the milk, or you may supply its place by beef-tea. But it is the lumping of the cheese into solid masses that it is desirable to avoid, not the acidification, which is beneficial. If the patient takes thus a good supply of milk and beef-tea, not only is the immediate danger of death by starvation avoided, but the emaciation which follows during convalescence is much less extreme, and the dangers in its wake less formidable.

Eggs are a highly nutritious food; and, if taken raw, diluted with milk or water, they are quickly absorbed. But should they be delayed and putrefy, the products of their decomposition are peculiarly injurious; the sulphuretted hydrogen and ammonia evolved are poisons to the intestines. I should recommend you to avoid them till convalescence has restored the gastric powers. The same objection does not lie against milk, the lactic acid arising from whose decomposition assists in the solution of the casein. Sour buttermilk is by no means to be despised as a food.

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[1] See *Medical Times and Gazette*, November 2, 1861, p. 449.

Fourthly. The Restoratist turns his attention to the Materia Medica, and considers what he can cull from thence which will be of service.

You have been taught in the systematic course on Medical Pathology, that ammonia, which is always being formed and given off from the animal body, is found much more abundant in certain conditions than in others, and that these conditions are those in which nutritive metamorphosis or growth was deficient as compared with destructive metamorphosis, or those in which there is retention in the blood of the products of that destructive metamorphosis. Thus, more ammonia is found in the breath after exertion than after rest; more than usual in those who injure their digestion by smoking tobacco: a great deal in uræmia, where the urea cannot escape by the kidneys; but above all, in continued low fever is this exhalation of decay noticeable, as you will find in Dr. Richardson's valuable work on the "Coagulation of the Blood,"[1] where the phrase "super-alkalinity of the blood" is applied to this condition. Dr. Richardson goes so far as to attribute to this super-alkalinity the special typhoid symptoms, and to suggest that the absorption of ammonia in excess may intensify fever in those who contract it from exposure to decaying organic matter, or human exhalations. He supports his hypothesis on the experiment of inducing the symptoms, or something resembling them, by the injection of ammonia into the veins of an animal. The word "super-alkalinity" is expressive, and quite unobjectionable, so long as it is understood that the superabundance is not absolute, but comparative. For it is not shown that there is more alkali in the body than there ought to be, but more than there is acid to neutralize. "Sub-acidity" would be a synonymous term, and, perhaps, would be more suggestive of the means we have at our disposal for remedying the defect.

Very difficult indeed would it be for the Eliminator to get this alkali out, but it is easy for the Restoratist to get acid in. The acid I have always given is hydrochloric, and you consequently see on this lad's card: "℞.—Acidi hydrochlorici diluti ♏xx, syrupi ʒj, aquæ ad ℥j, alternâ quàque horâ sumat."

Rich patients like a little more sugar, and the draught is usually approved of even for its taste. But it is still more approved of for its beneficial effects. This boy said to-day of his own accord he hoped I should continue the draughts, they made him "feel so much stronger," meaning to express the sensation of relief to the depressing, wearying languor of fever. In mild cases the tongue begins to clean immediately, the thirst and diarrhœa much abate, and the repugnance to food is diminished.

Whether other acids would do as well as the hydrochloric I cannot say, but it is so largely diffused through the body combined with alkali as a constituent of the tissues, that it appears peculiarly suited to the purpose. I have now used it in every case of low fever for four years, and have not lost one, except a woman who came in here with deep ulcers in the bowels, and was killed by perforation. In a clinical lecture at this Hospital in January, 1858,[2] I gave the details of the first dozen cases treated on this plan, and I must say that my confidence in it is by no means diminished.

As you are a different audience from that which heard me at that time, perhaps I may be allowed to quote in repetition my own words — "What blood, when analyzed, comes nearest in its altered proportions to the blood in low fever? Is it not that in scurvy and purpura? There is the same excess of blackened (melanosed) blood disks, the same deficiency of neutral salts and organizable (coagulable) lymph. Everybody treats these chronic affections with acids, and why not also an acute affection which corresponds with them in one point at any rate? As to the particular acid employed, muriatic certainly deserves to be tried before others—first, because it is such a large constituent of the body that it might almost be called a food instead of a medicine; and secondly, because it is such a powerful arrester of the decomposition of animal matters. Pour it into a sewer, and you destroy the miasma. May it not in the body stop that miasma from poisoning the tissues?"

The allusion in the last sentence is of course to chlorine as a disinfectant. But I do not know that there is any evidence of the benefit derived from the hydrochloric acid treatment being due to this property. About sixteen years ago, I employed chlorine water as a medicine in fever at the Chelsea Dispensary; but I was not encouraged to carry on the treatment by tracing any benefit to it. Whether the chlorine which can be introduced in this way is not sufficient in amount (for it must be dilute, or it induces so much choking), or whether it is really useless, I do not know; but I left it off for years, and adopted the muriatic acid from the description which Mr. Ash gave me of the advantageous use of it by Dr. Mackenzie.

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[1] Richardson on the "Cause of the Coagulation of the Blood." Appendix I. (Edit. 1858).

[2] Published in the *Lancet*, January 30 and February 6, 1858.

As to the use of alcoholics in continued fever, I am guided almost entirely by the condition of the nervous system. If there is very complete prostration, delirium of a low muttering character, it is required. A tremulous state of the muscles, marked especially by a quivering of the hands and fingers, is a good test of the necessity for it; and so is a sharp, weak, unequal beat of the heart. All these indicate that the nervous system is feeling very sensitively the destructive metamorphosis going on, and has its power reduced by its sensitiveness. Then is the opportunity for the powerful anæsthetic alcohol, which in severe cases you see me order without scruple, but which I do not rank as part of the systematic *methodus medendi* of continued fever, and have not yet ordered for the lad we have been prescribing for. Above all, I would caution you against employing wine as a substitute for the true restorative treatment which I have been describing. It may be useful as an adjunct or to assist it, but never in its place.

There is, though, another of the adjunctive methods of treatment—exceptional, but often required—which has been employed with utility in this case—the local abstraction of blood. The boy had congestive pneumonia of the lower lobe of one lung, and I did not hesitate to cup him beneath the scapula on that side. And not unfrequently when there is pain in the right iliac fossa, with diarrhœa and tenesmus, I put leeches on the belly at the seat of pain. You saw the dulness on percussion rapidly pass away from the lower lobe in our patient here; and you will often see an equal relief to the abdominal congestion by a corresponding agency.

But you will cry out that I am sadly inconsistent. I am feeding up the patient with one hand and taking away his *pabulum vitæ* with another. The reproach is just in a sense, but that a very limited one; and, in fact, may be levelled against half the operations of daily life. We are constantly suffering a small loss for the sake of greater gain. And I think the loss of a little blood is insignificant compared with the advantage of securing a freer circulation through the lungs, a diminution of congestion in the intestinal canal. Do not be led away by the superficial notion that blood is blood, and blood is life. That is not true, for the blood varies immensely in its composition, some being very valuable, and other worthless. To lose some of the half dead circulating fluid of fever is but little loss, and that little loss is amply compensated for by the additional nutriment which a small bloodletting will enable to be absorbed. The deficiency is soon made up again under the restorative system.

In the sequelæ of low fever, more than in any other disease, the great difference between one patient and another as respects their power of recovery, lies in their stomach. There is a little girl of four years old, now in Victoria Ward, who was admitted, on the 2d of September, for rose-spotted fever, which had come out during the concluding week of August. She got through the fever pretty favourably, but for the last seven weeks has had a succession of most formidable abscesses in the back, the cervical glands, the internal ears and the parotid glands; yet, in spite of the exhausting effect of the large discharge of pus from these spots, she has continued advancing in convalescence, she has gained flesh and muscular power, so that now she can sit up. For this favourable result she has to thank a most wonderful appetite which never seems satisfied, even with an amount of food which is large for an adult, and which she delights to wash down with wine and porter. No tonics seem of so much use to her as an extra snack at physic time.

The most extraordinary recovery from these pyæmic abscesses after fever you witnessed last year in a girl of sixteen (E. A., admitted September 28, 1860). She had very putrid fever, accompanied by hæmoptysis, epistaxis, and bloody discharge *per vaginam*. She got well through her fever by the help of hydrochloric acid and wine. But as she became convalescent in the third week in October, she began to have large boils or abscesses on the head; these were followed by abscesses running down into sloughing sores on the back. During the first week in November inflammation and swelling of the left leg began. This quickly ran on to purulent infiltration of the whole of the left thigh, which, on November 28, discharged two pints of pus in twenty-four hours, and lesser quantities daily for weeks together. On December 12 there was a large abscess in the axilla, which was opened and discharged several ounces of pus. Her state of debility was such that she could not in the least help to feed herself. Yet all this time her stomach was in a state that a gourmand would regard as the seventh heaven. She was literally always hungry. As she swallowed her last bit of beef-steak she would feebly ask when she was to have some more, and what would be her dinner to-morrow. And the way her eager eyes followed any particle of victuals that passed her bed was quite affecting. She could fully have sympathized with the British tar who defended the West Indian climate:—"Bad climate this? I call it a capital climate; you're always thirsty, and there's lots to drink." So we allowed her wonderful appetite full swing, and fed the delicate puny maid like a gigantic navvy or gladiator. The consequence was that she recovered from an amount of purulent disease which it would have seemed impossible for the human frame to support, and recovered perfectly, for I saw her in April looking as healthy and walking as briskly as if she had never been ill.

The moral of these cases is, do all you can to increase the appetite. Judge of the value of this drug and that drug, this tonic and that tonic, solely by the effect it has on the desire for food. If any remedy lessen this, insist upon leaving it off, whatever authorities may have recommended it; and form your judgment, not from tradition or prescription, but from its action in the individual case before you.—*Med. Times and Gaz.*, Nov. 23, 1861.

Cases of Epilepsy with Clinical Remarks on the Use of Bromide and Iodide of Potassium in that Disease. By Dr. WILKS.—It is well known that epilepsy or epileptiform fits may result from various causes, existing both within and without the brain; dependent, that is, upon organic changes of structure or upon the condition of blood circulating through the organ. As so many causes produce epileptiform symptoms, it is necessary to ascertain in the first instance how the term is to be defined. Now-a days it is pretty generally admitted that epilepsy is a disease which exhibits on the post-mortem table no structural change. Moreover, it is a disease which may last for years, and leave the patient in tolerably good health in the intervals of the fits. Very different, however, are the convulsions arising from organic disease of the brain, which can only endure for a limited period, and then sooner or later have other symptoms to accompany them. So also "fits" arising from impure blood from renal suppression. With this general understanding of the subject, although during life, from the obscurity of the symptoms, history, etc., it may be a question as to the existence of true epilepsy or not; yet if on post-mortem examination we find a diseased kidney or an organic disease of the brain, we may come to a correct conclusion as to the nature of the case, and we style that alone epilepsy where no marked organic disease is found. Generally speaking, tumours in the brain show other symptoms sufficiently diagnostic. The most difficult cases to distinguish from pure and simple epilepsy are those where either from disease of the bones of cranium or membranes, an adhesion occurs between the latter and the brain, which produces a class of symptoms not distinguishable in many instances from true epilepsy. Bright very sagaciously observed that in epilepsy arising from a local cause, where the whole brain is not affected, consciousness often remains; this no doubt is often true, but whether a sufficiently marked symptom to afford the basis of a diagnostic difference between this form and others, we can scarcely say.

We have made these remarks in order to explain, as we think, a treatment which is singularly efficacious in those cases of epilepsy which are due to a local affection arising either from syphilis or injury. Every practitioner could quote from his experience cases where a most remarkable success has resulted from the use of iodide of potassium when the cause has appeared to be syphilitic, and also now and then a case where a course of mercurials cured the patient. As it is, however, often difficult to recognize such a cause, we have of late years, before commencing the ordinary and most approved anti-epileptic remedies, began the treatment with the iodide or bromide of potassium. We formerly gave the iodide, but subsequently changed it by way of experiment for the bromide on account of having seen better results with the latter remedy in cases of bronchocele and glandular swellings. About this period, also, the bromide was recommended by Sir C. Locock as a remedy having some influence over the ovary in females, and therefore curative of those epileptiform affections which might be due to an irritation of this organ. Although this theory was questionable, yet if it were founded on any facts showing the efficacy of the remedy, this was an additional reason for adopting it; and we thought equally good for all cases, whether men or women. Since using this remedy, Dr. Wilks added, now for two or three years, and in a large number of cases, he had undoubtedly had more success than heretofore, being fully aware, he said, of the remarkable fact that epileptics generally seem to be better on any new remedy, whatever its nature may be, and, also, that should it exert a real influence, that the benefit is often only temporary. The *rationale* of this success is connected, we imagine, with the remarks just now made, that many cases of epilepsy depend on a local affection of the bones or membranes which the remedy removes by its absorbent powers.

Not that we can prove the existence of any such cause in most instances, but knowing the value of the medicine where such cases do exist, we have explained its *modus operandi* by its selecting out these cases for cure. That epilepsy may exist for years, and only at death a local cause be found, we know from several instances, and in such there has been no difficulty in discovering a history of injury at an early period of life. Another explanation for an occasional cure by this remedy may be found in the fact, that fits arise sometimes from lead poisoning, and that the iodide or bromide of potassium is instrumental in eliminating the poisonous metal from the system. In two or three cases we have seen epileptiform fits arising from lead poisoning, and in which iodide of potassium was used with success. In this way it may sometimes have been supposed to have cured epilepsy.

Knowing how apt we are to be deceived by the operation of a new remedy, I do not speak more peremptorily on the subject, but add a few cases; only stating that I continue to use it in all new cases which come before me, believing it to be wise to adopt some such remedy in the first instance.

Case 1. Cecilia D., aged 22, came to the Hospital in April, 1860. Her mother accompanied her, as she was unable to find her way and was childish in her manners. The former, indeed, never left her night nor day, as she generally had two or three fits a day. They had existed many years, but for two years had occurred daily. She had more than once fallen into the fire and burned herself. She was ordered five grains of bromide of potassium three times a day. The fits soon began to grow less in number, but the improvement was not very marked until her visit on June 6, when she had had no fit for three days, and in the following week, the 13th, had had none. After this they occurred at long intervals. She persisted in the medicine, with the exception of a week or two, and the report was, on October 24, " No sign of a fit for two months." At the end of another month, there having been no attack and her health improved, she ceased to attend. On February 13, 1861, she came again to the Hospital; she had remained well ever since (nearly six months) until a few days before, when, having lost a brother suddenly, she was seized with four fits in succession. She commenced the same medicine again and persisted in it for six weeks, until her letter was out, when, having had no return of the fits, she was dismissed. This girl thus not only lost her fits, but became more robust and in better health, a fact, Dr. Wilks said, he has noticed in similar cases, that as the disease recedes so does the health improve. In this particular case it might be thought that with such a striking result some syphilitic taint was present, but none such was discoverable.

Case 2 Amy M., aged 13, came as out-patient with fits in March, 1860. She took bromide of potassium in three grain doses, and the fits soon ceased. At the end of three months none having occurred, she left. This case is unsatisfactory as a long interval sometimes intervenes between the attacks.

Case 3. Alfred C., aged 36, a worker in lead, came to the Hospital on June 13, 1860. He was a very feeble man, and had a remarkably sallow or waxy complexion, and had a blue line on the gums. He had fits and some hesitation in his speech. He took the iodide in three-grain doses, and left at the end of two months in much better health, and with a cessation of the fits.

Case 4. Francis K., aged 34. For two years he had been subject to fits. At first they appeared at long intervals; afterwards, about once a month, subsequently, about twice a week. He stated that he fell without any notice, and struggled violently He was ordered the bromide, and when he left, in December, 1860, he had had none for ten weeks. He was seen some weeks afterwards, and he stated that he had had a slight warning twice, but never a decided paroxysm.

Case 5. Louisa C., aged 54, came to the Hospital on November 21, 1860. She had been subject to fits for about a year; and of late had had several a day. Ordered four grains of the bromide. On January 2, she had had on an average about one fit a week. On January 16, had had two fits. She had none after this until she left, at the end of February. Several months afterwards Dr. Wilks saw this patient, and she had had no symptom of a seizure, and then it seemed, on whatever cause they were dependent, that she was absolutely cured.

Case 6. Agnes J., aged 26, came to the Hospital on November 14, 1860. She had had fits ever since ten years of age, and on an average had had one a week. Of late they had been more frequent, and having had four in ten days, she applied for advice. She was ordered three grains of the bromide three times a day. The fits soon began to decrease in frequency, and when she left in January she had none for a fortnight. This case is unsatisfactory.

Case 7. Martha L., aged 29. She came on December 19, 1860. She was said to have had fits only for eight weeks, which as far as could be learned, appeared to be truly epileptic. She had had nine in the week previous. She was ordered the bromide. She had only one fit since, on January 9. They then ceased altogether, and when she gave up her letter at the end of the month had no return. This case also is unsatisfactory.

Case 8. Henry Y., aged 40. He came to the Hospital in September, 1860. He had fits daily, sometimes two or three a day He was ordered three grains of the bromide three times daily. This patient, after a time, improved considerably, but being an old case, the medicine was persisted in. At the expiration of four months, in January, 1861, he had had only eight fits since the commencement of the medicine, and had had none for three weeks. He continued until the end of the month, when, having no return of the fits, he gave up his letter.

Case 9. Jane E., aged 22. She came to the Hospital on December 19, 1860 She had had fits for a year, and at various intervals, sometimes two or three a week. She took the bromide for two months, and then gave up her letter, having had no fit during this time, and only on one occasion symptoms of one. This case also is unsatisfactory.

Case 10. Valentine M., aged 7. This was a very bad case of epilepsy. He had had several fits daily for the last three months. He took the bromide for three weeks with no improvement, afterwards zinc, and other remedies, but without success. He then desisted from all medicine. In the course of a week or two the fits spontaneously ceased, and three months afterwards he had only had slight symptoms. Unsatisfactory as regards the bromide.

Case 11. Charles S., aged 10. He had suffered from fits for two years. They sometimes occurred daily, but occasionally at a week's interval. On one occasion he was free for two months. Before coming to the Hospital he was much worse. Ordered the bromide, which he continued for three months, when, having none after the first fortnight, he ceased to attend.

Case 12. George F., aged 19. His fits commenced two years ago. Generally they occurred daily for several days, and then ceased for a few days. Ordered the bromide. This young man continued under notice for several months, and was upon the whole considerably better, though the fits occurred occasionally. When last seen had had none for more than two months.

The following case lately occurred in the Hospital:—

Case 13. John S., aged 33, was admitted on June 5, 1861, for epilepsy. He was at the same time very cachectic; he was thin, and his mind was dull. He said he had had fits for one year and a half. He had had pain in the head. He was too feeble to rise from his bed, and at a few days' intervals had epileptic attacks of a very severe character. He had various treatment until August, when he was much worse; had seven fits in one day, and in the intervals was delirious. He was then ordered ten grains of the iodide of potassium three times a day, and at once began to improve. The fits left him; he became stronger and stouter, and left his bed. He continued the treatment for two months, when he left the Hospital, comparatively well.—*Med. Times and Gaz.*, Dec. 21, 1861.

HOSPITAL NOTES AND GLEANINGS.

Fracture of the Neck of the Femur, the patient afterwards able to walk over a mile without assistance.—A man, aged 60, was admitted into the Northampton Infirmary November 7, 1858, having been knocked down by a cart, about sixteen hours before, while walking along a narrow lane. He stated that he received his injury, not by the cart-wheel striking him, but by the subsequent fall, and he pointed out the trochanter major as the part upon which he fell. After the accident he got up, and, without assistance, contrived, though with much pain and difficulty, to walk a distance of rather more than a mile towards home. He was then seen by a surgeon, who informed him that his thigh was broken, and advised his removal to the hospital. On admission, the upper part of the right thigh, including the groin, was much swollen and ecchymosed, and a good deal of pain was complained of when the parts were manipulated. The limb could be freely moved in all directions; it was shortened rather more than an inch with the foot everted. When the limb was extended to its proper length and rotated, bony crepitus was detected with the greatest facility, and the trochanter moved freely in rotation of the limb. The anterior superior spinous process of the ilium and the trochanter major were unduly approximated, the distance between them being fully an inch less than on the opposite side. He was unable or unwilling to raise the limb from the bed, but said that he thought himself capable of doing so if not prevented by pain. His leg was carefully placed on the long straight splint, and at the end of the fifth week he could raise the foot several inches from the bed, and complained of but little pain when the limb was rotated. Crepitus, however, was distinctly perceptible. The splint was reapplied, and kept on till the end of the ninth week, but on removing it, crepitus was still detectable on free rotation of the limb. A gutta-percha splint was then applied, and he was allowed to go on crutches for another fortnight, when he was discharged. The limb remained shortened about one inch and a half, the foot everted, and some little crepitus was readily discoverable when the limb was freely moved. He has since been reported as remaining permanently lame.

Dislocation Backwards of the Left Hip; Reduction by Manipulation without Chloroform.—Mr. V. Jackson relates (*Brit. Med. Jour.*, Nov. 23, 1861) the case of a collier, aged 32, admitted into the South Staffordshire General Hospital May 31, 1861. Just two hours previous to admission, the patient, whilst working in a coal-pit, received a large piece of earth on his back; he was immediately forced down, and he found himself unable to move. The patient is a very tall man, six feet two inches in height, and of average muscular development.

After carefully examining the left hip, it was evident that the head of the femur was dislocated backwards. I had the man placed on his back on a strong bed, and then steadied by an assistant. I now seized the left leg just above the ankle, and flexed it on the thigh, and the thigh on the abdomen; the thigh was then well abducted with the left hand, the leg at the same time being well turned inwards. Immediately, a loud snap assured me that the reduction was effected, and replacing the limb on a couch, it was clear that the head of the femur had returned to the acetabulum. A long splint was, for a short time, applied to the limb, and the man was soon enabled to be discharged.

Excision of the Knee-joint.—Wm. B., aged 11, was admitted into St. George's Hospital in Feb. 1861, having four months previously been struck by a stone, behind, and about two inches above the left knee-joint. He did not feel much pain at the time; but the following day the joint became painful and swollen, and thus it remained up to the time of his admission; at which time, in addition to the general swelling of the joint, there was great pain, and that more especially over the inner side of the head of the tibia. No fluctuation could be felt; but there was great tenderness on pressure in this region; and the limb started very much at night. The movements of the joints were considerably impeded, both as to extension and flexion. The constitutional symptoms were very severe. A generous diet was given, and a ham-splint was applied, and cold lotion to the knee. From this time, notwithstanding all treatment, the disease of the joint progressed slowly but surely. Suppuration made its appearance. Various abscesses were opened at different times. Matters went on from bad to worse, and a consultation was held; at which it was determined that the joint should be excised, as the boy's general health was beginning to suffer from the long continued drain.

The operation was performed by Mr. Hewett on July 25th. A semilunar incision having been made from the inner to the outer side of the joint, the soft parts were dissected upwards, the patella was then cut away, the lateral ligaments freely divided, and the condyles of the femur thrust forwards; the diseased parts were then removed with a common saw, care being taken not to injure the epiphysal cartilage. The condyles of the tibia were dealt with in the same way; after which, the cut surfaces of the bones were without much difficulty placed in good apposition, the soft parts being brought together with sutures, and the limb put into one of Matthews' swinging splints. During the whole of the operation but one artery required a ligature.

The examination of the parts which had been removed, showed extensive disease; the synovial membrane throughout being thickened and pulpy; the cartilages in many places eaten away by ulceration; and the bony structure softened, vascular, and infiltrated with strumous deposit.

The day after the operation, the boy's countenance was much improved; he had had a much better night than for some time past; and had suffered very little pain; and, altogether, was going on as comfortably as possible. He was ordered a liberal diet and some wine. Henceforth, the boy's general health improved rapidly; consolidation of the parts went on steadily; and he was discharged from the hospital on October 29th, three months after the operation, with solid union between the ends of the bones, and the operation-wound entirely healed; but the two old wounds, which had been made in order to evacuate pus before the operation, and which seemed to be connected with carious bone, still discharged a little.

On his leaving the hospital, there was only an inch and a half difference in length between the two limbs.—*Brit. Med. Jour.*, Nov. 23, 1861.

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Wound by a Hatchet penetrating the Knee-joint—Recovery.—A man was admitted into St. Bartholomew's Hospital, Oct. 19, 1860, having two days previously accidentally hit his knee with a hatchet. The joint was swollen and painful, and there was a small wound about half an inch long, on the outer side, made evidently by the sharp corner of the hatchet. He stated that he had lost a good deal of blood at the time. He was ordered milk diet. Eighteen leeches were put around the patella, and a large poultice afterwards applied. He felt greatly relieved the next day, but there was still a great deal of pain; he therefore had twelve more leeches on; they bled freely, and he was greatly eased. He did not sleep well, and being very restless, opium was given at night for the first week.

After he had been in the hospital a few days, it was quite evident that the joint was opened (as there was a discharge of synovia), and that there was suppuration in the joint, by the discharge of pus. The limb was put on a splint and kept quiet. Opium was given at night for a few nights longer, and a little aperient medicine. All went on quite satisfactory, the swelling about the knee getting smaller and less painful, and the discharge gradually diminishing. In the fourth week the discharge ceased, and a few days afterwards the wound quite healed. The limb was put on a pillow; the patella moved freely; and on moving the limb a preternatural mobility of the joints, from relaxation of the ligaments, was observed. The leg and knee-joint were covered with a firm case of gum and chalk, and the boy was ordered up. In a few days he managed to walk about pretty well, but complained of his knee aching if he walked much. He left the Hospital on December 30, the gum and chalk having previously been taken off to see the state of the joint. There was still some swelling of the joint, though it was less; there was more mobility than should be. He stated that it felt as strong as ever when it was cased up. It was again put up in gum and chalk, and he left the hospital in the tenth week after admission. —*Med. Times and Gaz*, August 31, 1861.

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Stone in the Bladder crushed on three occasions; patient cured within three weeks. —In the metropolitan hospitals, vesical calculi are commonly removed by lithotomy, when the patients are young, for in such cases the result of this operation is almost invariably successful. In a very few instances a preference has been given to crushing, but it is highly improbable that this mode of practice will ever become the rule in very young children. In the middle period of life, on the other hand, where the size and nature of the stone are favourable, lithotrity has proved very successful. It is also occasionally performed on aged persons whose condition of bodily health may be otherwise suitable.

It is laid down as a rule by many surgical writers that a small stone is more favourable for crushing than a large one, and what is understood by the former term, is a stone within the diameter of an inch. The calculus in Mr. Coulson's patient came under this class, and as the condition of the urinary organs generally was unexceptionable, lithotrity was performed on three occasions, with the most satisfactory result, the fragments being completely got rid of, and the patient discharged from the hospital within three weeks, a period remarkably short, when contrasted with that usually attending lithotomy.

An interesting point in the case is the passage of two fragments of the stone, of the size of hazel-nuts, a week after the first crushing; the interval between the first and third crushing was nine days. No bleeding ensued after any of the operations, nor was there any pain. Chloroform was not given, as Mr. Coulson considers that the sensations of the patient are the best guide to the operator.

John B——, aged fifty-one, married, was admitted into St. Mary's Hospital, on Oct. 18th, 1861, with symptoms of stone in the bladder. He states that, about two years ago he suffered considerable pain in the left renal region, which soon left him. About nine months back, however, the pain recurred, and soon afterwards he began to experience uneasy symptoms whilst voiding his urine. The urine used to flow in a good stream, but frequently stopped suddenly. After micturition, he experienced pain in the penis, especially at the glans, and a considerable amount of smarting in the urethra. On his admission, he stated that he had a frequent desire to micturate, and the flow of urine often stopped suddenly. He was able to micturate better when lying down than when in the erect posture. On introducing a sound into the bladder, a calculus of moderate size could be distinctly felt, which was crushed by Mr. Coulson, on the 23d of October. The operation was conducted as follows:—A catheter was introduced, and four ounces of lukewarm water were then injected into the bladder, the patient being in the recumbent position, with the pelvis and shoulders raised. Weiss's lithotritus was introduced, and the stone easily crushed. The patient was put to bed, and ordered thirty minims of tincture of opium.

October 24th. Has had two shivering fits, one last night and another this morning; hot water applied to his feet. He was ordered twenty minims of tincture of henbane every four hours.

25th. Passed a good night; can void his urine more freely, and without much smarting. The urine contains a small quantity of lithic acid detritus.

27th. Feels an inclination to pass urine about every two hours. The act of micturition is still accompanied with a good deal of smarting, but the pain in the penis is much decreased; has had no return of shivering; the urine is high-colored, and has a strong ammoniacal odour; appetite bad; does not sleep well.

29th. Passed a much better night; does not experience a desire to void urine so often, and the smarting after micturition has somewhat decreased; good deal of detritus passed.

30th. Slept well again last night. At ten o'clock this morning he passed a piece of lithic acid calculus, about the size of a hazelnut, and at twelve o'clock another piece about the same size. Has had no more shivering. Passes his urine about every four hours; has very little smarting now, and no pain. At two o'clock Mr. Coulson again crushed the stone, proceeding in the same manner as on the 23d inst.

31st. Slept tolerably well last night, but has had slight shivering. Passed two more small pieces of stone this morning, and a good deal of fine detritus. Complains of much smarting during and after the passage of the fragments along the urethra.

November 1st. Did not sleep quite so well last night. Passed more detritus, but no pieces of any size. Voids his urine every six hours. The stream of urine is good, but the act of micturition is accompanied by a great deal of smarting; the urine is not so highly coloured as it has been. Appetite improved; bowels open regularly.

2d. Slept rather better last night; has only passed urine twice during the last eighteen hours. Still complains of the pain in his penis, and of smarting after the act of micturition. The urine is not so high-coloured, and has not such a strong odour as formerly. At two o'clock to-day Mr. Maurice, the house-surgeon, crushed the remaining fragments of the calculus. The operation was conducted as before, and the patient experienced no inconvenience from it

4th. Got up for two hours this afternoon, but feels weak. Passed several pieces of stone yesterday, one of them being about the size of a small bean.

6th. Has passed nothing more since the 3d inst. Voids urine freely about every six hours, without much smarting. Is in no pain, and feels much stronger. The colour of the urine is natural, and it has entirely lost the ammoniacal odour. Sleeps well; appetite much improved.

In a week from this time the bladder was carefully examined by Mr. Coulson, to ascertain if any portion of stone remained. It was found quite free, and in a few days afterwards the patient was discharged cured

In this case all the indications favourable for lithotrity were present. The urethra and prostate were healthy, and the bladder could easily retain six or more ounces of urine. Moreover the stone was small.—*Lancet*, Dec. 14, 1861.

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Removal of a large piece of Iron from the Eye where it had remained for four years. —Mr. V. Jackson relates the following case: S. H., aged 16, was brought to the South Staffordshire General Hospital, Wolverhampton, Oct. 10, 1861. His father said that for the last week he had been complaining of pain in both eyes, but especially the right. I was also informed by the parent that, four years since, whilst engaged in a manufactory, he suddenly received a blow on the right eye, and from that time had lost the sight in it. Immediately after the accident, he was seen by a medical man. No minute exploration of the eye was made. He continued under medical care for some time; but deriving little benefit, he discontinued it. From the time of the injury up to the period when I saw him, there had been constant pain in the right eye, as well as over the brow. A slight purulent discharge had also been noticed from it. Latterly, the left eye had become weak and painful at times, and it was especially on this account that I saw him. On opening the lids of the right eye, I saw a granulating projecting surface, with a central depression, and suspecting the nature of the case, I fixed the lids apart with the wire-speculum, and then passed a probe into the depression; its point quickly struck against a hard body, and this, after a little trouble, I extracted. It consisted of an almond-shaped rough piece of iron, weighing twenty-six grains, and measuring in length seven-eighths and in breadth three-eighths of an inch. Very little irritation followed its removal; and the boy was discharged cured in a very short time.

Remarks.—At the time of the accident, I suppose, the projectile must have penetrated the eye deeply, and probably lodged in the vitreous body, and behind the eye; at all events, it must have been beyond the curtain of the iris, or it would have been seen on examination. I think the case is a very good illustration of the line of practice required; for the persistence of the pain, and the continuance of purulent discharge, combined with an evident cleft in the disorganized eye, could lead to no other conclusion than that some foreign body or substance was the cause of it, and that, considering the photophobia and increasing asthenopia in the left eye, the sooner such foreign substance was removed the better. —*Brit. Med. Jour.*, Nov. 23.

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Fracture of the Pelvis with Laceration of the Urethra; Recovery.—A. G., aged 8, was admitted into the Great Northern Hospital on July 24th of this year, having just been knocked down by a distiller's cart, loaded with barrels, the wheels of which passed across the lower part of his abdomen.

On his admission, he was much collapsed, and complained of great pain about the lower part of his back, which was aggravated by the slightest movements of either his legs or body; indeed, on account of the pain, he was unable to raise either leg from the bed. A dark broad mark indicated the parts over which the wheels had passed. A severe contusion extended from the top of the left ilium obliquely across the abdomen to the left groin, following the line of Poupart's ligament. The perineum was also contused, and darkened with effused blood.

July 25th. He has passed a fair night owing to the opiate he had, but complains of great pain. He has passed no urine since his admission. His bladder being full, and distended as far upwards as the umbilicus. Mr. Lawson endeavoured to pass a catheter; but as it neared the membranous portion of the urethra, it passed out of the track, and could be felt with the finger in the rectum, running along the upper surface of the bowel. The boy was then put under the influence of chloroform, to allow of a more thorough examination being made. With one hand placed over the pubes, whilst the leg was rotated, a distinct crepitus was detected. Another attempt was made to pass the catheter; and, after some difficulty, Mr. Lawson succeeded in putting a silver one into the bladder, which he fastened in by tapes.

July 26th. He was doing well. A gum-elastic catheter was passed to-day, as the lad had drawn the silver one out in the night. The bladder was quite paralyzed, and the urine would only flow through the cathether, when pressure with the hand was applied above the pubes. On this account, a long India-rubber tube was connected with the end of the catheter, and carried over the side of the bed into a chamber-pot, so as to form a siphon and thus keep the bladder empty.

From this time, the boy progressed uninterruptedly towards recovery, and was discharged from the hospital on August 20th to attend as an out-patient. He was able to walk about, and had complete command over his bladder.—*British Med. Journ.*, Nov. 2, 1861.

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Seven Examples of Ovarian Tumours, in six of which Ovariotomy was successful.—The subject of one of the following cases, a woman under twenty-three years of age, expressed an anxiety as to the possibility of her having a family in the event of marriage at a subsequent period. In relation to this she was assured there was not the slightest obstacle in her case to the accomplishment of such a result. We have met with instances of pregnancy after ovariotomy, and without any inconvenience to the mother or the child; and we have heard Mr. Baker Brown state that in one of his first cases the patient had borne four children after the operation.

Although an unusual circumstance, pregnancy does arise sometimes where an ovarian tumour is present. Such an occurrence is recorded in our pages by Dr. Hunter, of Manchester (*vide The Lancet*, vol. i. 1861, p. 83); and, what is of remarkable interest in connection with it, the cyst evacuated itself by the bowel. The case of Dr. Davies, in our present series, is an illustration of pregnancy supervening upon ovarian disease, terminating, at the full period, in the birth of a child (now living), with persistence of the ovarian disease in the mother.

The seven following cases make a total of sixteen operations for ovariotomy performed at the London Surgical Home; of which number twelve have been successful. The great success here obtained, we think, has to some extent depended upon the course of preparatory treatment which the patients underwent, consisting of warm baths twice a week for three weeks prior to operative measures, and the administration of a combination of the tincture of arnica and muriated tincture of iron during the same period, with attention to the general health.

Case 1. *Unilocular Tumour.*—L. H——, aged twenty-one, single, admitted August 29th, 1861. She has had the tumour two years; has been tapped twice, the last time four gallons of clear fluid being drawn off. Operated upon on September 19th. The tumour was devoid of adhesions, and was easily drawn out. The pedicle was secured by a clamp, which was removed on the third day, and the pedicle allowed to return. The patient never had a bad symptom, had only one grain of opium, and left the Home Oct. 31, cured. The tumour was unilocular.

Case 2. *Polycystic Tumour.*—F. W——, aged nineteen, admitted October 7, 1861. Has had the tumour two years. She came here as a kitchen-maid, when it was first discovered in conversation with the nurse. Operation performed on October 24th. The tumour was devoid of adhesions, and the pedicle treated as in Case 1. Two grains of opium were given, and she did well without a bad symptom, and will soon leave the Home. The tumour was multilocular, but chiefly composed of one large cyst, containing fourteen pints of fluid, which with the solid matter weighed about twenty pounds.

Case 3. *Polycystic Tumour.*—C. S.——, aged forty-nine, married, admitted September 9, 1861. She has had the tumour six years; has been twice tapped, once by Mr. Birkett, the second time on September 12, when twenty-five pints of dark-brown, coffee-coloured fluid of thick consistence were drawn off. She was operated upon on October 31. There was some adhesion in the direction of the liver, which was secured with a ligature of Indian hemp, and several other slight adhesions, which were easily broken down. The pedicle was treated as in Case 1. The patient did pretty well till November 2d, when peritonitis seemed coming on. This, however, succumbed to treatment, and she is now convalescent. She had five grains of opium. The tumour was multilocular, and composed of two large cysts with very thin walls, containing eleven or twelve pints of fluid and several masses of solid cysts, varying in size from that of a walnut to an orange.

Case 4. *Polycystic Tumour.*—M. A. M——, aged fifty, married, admitted October 14, 1861; is the mother of six children, of rather a worn constitution, and of a desponding temperament. Has had the tumour three years; never been tapped. Operated upon on the 31st of October. There were no adhesions in front, but there was one in the direction of the liver, and it was also attached to the whole surface of the fundus of the uterus. There was great difficulty in extracting the tumour—firstly, because it was of the nature of honey-comb cysts, and although pierced in several places hardly any fluid escaped; and secondly, because the tumour had modelled itself to the cavity of the pelvis. The pedicle was so large that it had to be divided into five separate portions, one of which was secured by a clamp, and the others each by a double ligature. All these were retained outside. The patient had three grains of opium, but never rallied, and sank forty hours after the operation. The tumour weighed 6 lbs. 14½ oz., and the surface from which the pedicle had been cut off measured 5½ inches by 3 inches. The autopsy showed partial general peritonitis, the pedicle was covered with clots, and there was some blood in the peritoneum. The liver, heart, &c., were healthy, and full of blood. Nothing was found sufficient to account for death. Patient evidently died from shock.

Case 5. *Unilocular Tumour.*—M. T——, aged twenty-three, single, admitted October 16, 1861. Has had the tumour two years. Operated on October 31st. No adhesions; pedicle treated as in Case 1. Had one grain of opium, and never a bad symptom; is now quite convalescent. The tumour weighed nearly a pound, one large cyst containing twenty-three pints of perfectly clear colourless fluid. On the internal surface were studded thousands of smaller cysts.

Case 6. *Polycystic Tumour.*—S. D——, aged twenty-seven, single, admitted October 15, 1861. Has had the tumour fifteen months. Was tapped last June by Dr. Braxton Hicks, who drew off seventeen pints of fluid; tapped a second time by Mr. Brown, who drew off thirty-three pints of fluid. She then measured forty-five inches around the umbilicus. Operated on November 14th. The adhesions were so powerful that the cyst was cut through in the third incision, which was made in the linea alba. One band of adhesions was ligatured; the pedicle secured with a clamp, and treated as in Case 1. The tumour was very multilocular, weighed 7 lbs. 2 oz., and contained twenty-two pints of fluid. She has never had a bad symptom; neither a grain of opium nor any other medicine was required. The wound was perfectly healed in a week.

Case 7. *Polycystic Tumour.*—K. E. S——, aged eighteen years, admitted October 28, 1861. Has observed the tumour between three and four months. Has not menstruated for eight months. Has never been tapped. Operated on November 21. On making the median incision, a piece of the descending colon presented itself in front and at the lower part of the tumour, and was adherent to the abdominal parietes. The adhesions were very powerful and extensive. The uterus was much drawn up, and intimately connected with the pedicle, which was inordinately long and thick; and in cutting off the latter after it had been secured by the clamp, a small portion of the right corner of the uterus was snipped. This bled profusely, and the wound had to be secured by six small silver sutures. The general hemorrhage was unusually great.

Up to the present time (November 28) the patient has not had a bad symptom, and three grains of opium have been administered.—*Lancet*, November 30, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Importance of the Position of Animals under the Effects of Ether.—Dr. C. T. JACKSON urges (*Boston Med. and Surg. Journ.*, Jan. 16, 1862), the importance of position in the administration of anæsthetics. He states that in conversation with Dr. A. B. WILTON, a very intelligent Veterinary Surgeon of Dorchester, the latter stated "that if a horse is etherized and laid on his back, with his nose up, he will certainly die, owing to the falling back of the tongue, and the consequent pressing down of the epiglottis, so as to produce suffocation. He mentioned four instances, in which he had witnessed the death of horses, during the operation of castration, from the effects of ether and the above-named position. His experience with ether had also proved that death from it never takes place if the horse is laid on his side, with his nose horizontal. His experience has also been extended to the etherization of cows, particularly in cases where mechanical aid was required in removal of the calf, and he has never lost one of them from the effects of ether. When he has had occasion to kill useless horses or dogs, he has made use of ether, aided by the position named, and he says that they die easily, without a struggle—asphyxia resulting from closing of the glottis during the anæsthetic state. These facts corroborate those observed on the human subject by Dr. Petrie, of Liverpool.

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Sophisticated Precipitated Carbonate of Iron.—Mr. W. H. PILE has met with a lot of precipitated carbonate of iron adulterated with 42 per cent of foreign matter. He states in a note (*American Journ. Pharm.*, January, 1862), that "In preparing muriated tincture of iron recently, I was much annoyed at the insolubility of the precipitated carbonate of iron, a new lot which I had just received After a prolonged digestion of three ounces for five or six hours with the requsite amount of muriatic acid, I added an additional quantity of acid and continued the digestion several hours more.

A large amount apparently remained undissolved; allowing this to settle, and pouring off the clear solution, I threw the bulky sediment on a filter, and washed with water thoroughly. When dried, it resembled white clay, and weighed 1¼ oz., which represents this moderate adulteration as 42 per cent. of the whole weight. But this was not all: upon evaporating the acid solution, together with the wash waters of the sediment, it became incrusted over with a crystalline mass; pouring off the now concentrated solution, and washing the crystals with cold water and drying, I obtained a further adulteration of eighty grains, or nearly six per cent. of fine silky crystals, white, and resembling sulphate of quinine. Subjecting these impurities to appropriate tests, it is evident that the first mentioned insoluble residue is alumina, while the crystals are hydrated sulphate of lime deposited from the hot solution.

Can you inform us, Mr. Editor, by what ingenious process this lot of precipitated carbonate of iron has been manufactured? for I imagine the whole compound has been thrown down together by some unscrupulous chemist, who was more concerned about the quantity than the quality of the article."

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Re-organization of the Medical Department of the United States Army.—A bill has been introduced by Senator Wilson for the entire re-organization of the Medical Department of the United States Army. This bill, with slight modifications, will, should it become a law, elevate the military rank of the higher Medical officers, secure to the service a hospital and sanitary administration, which is now greatly needed, add much to the efficiency of the medical corps, tend to protect the health of officers and soldiers and to secure to them, when sick or wounded, better attention and greater comforts; and thus materially contribute to the efficiency of the army, which is so materially dependent upon the health and physical vigour of those who compose it.

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Chicago Branch of the Sanitary Commission.—It is stated in the *Chicago Medical Examiner*, Dec. 1861, that the Chicago Branch of the Sanitary Commission "has furnished all the hospitals at Cairo with clothing, bedding, food, and miscellaneous articles, and has in store at that place, 120 boxes more, in reserve for an emergency.

It has also supplied the hospitals at Rolla, Sedalia, Tipton, Otterville and Bird's Point, Mo., Paducah, Ky., Mound City, Ill., and Ft. Leavenworth, Kansas. Some fifteen large boxes of these goods are daily received from all parts of the State, and from twelve to fifteen dispatched to the various points above mentioned. Through its instrumentality much good has been done in the various camps, in enforcing sanitary and police regulations, in seeing to the rations and modes of cooking, etc., aside from the more strictly medical province, in which much has been done in the way of weeding out irregular practitioners, instituting order, cleanliness and discipline, and otherwise ameliorating the condition alike of the sick and well.

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Sanitary Condition of New York.—New York presents to the world the singular spectacle of a great city, aspiring to supremacy in population, wealth, and intelligence, yet regarding with indifference those blighting influences which delay her progress, and tend powerfully to thwart her ambition. The annual devastation of her people by loathsome diseases which she can easily prevent, the disgust which her filthy streets create in every visitor, and her fearful system of packing the labouring classes in unventilated tenement houses, give her no alarm. Heedless of her own happiness, of the good opinion of men, and of the fearful evils which afflict her population, she rushes madly towards the goal which she is destined to win only at the hazard of every interest of justice and humanity.

It seems incredible that an intelligent and Christian city could witness the annual decimation of its people by preventable diseases without putting forth every honourable exertion to apply the remedy. Yet such, in its municipal capacity, is the conduct of New York. In 1860, by careful computation, this city lost 10,496 of its inhabitants by diseases that either do not exist in the most salubrious districts, or exist only in a modified and not fatal form. The hearts of the people are wrung with anguish when a score or two of lives are sacrificed on an ill-conceived battle-field; the commanding officer is suspended from command; a military commission inquires into the minute details of his plans, and if it proves him incompetent he is dismissed from service. But New York, calmly indifferent, witnesses the annual slaughter of more of her citizens than occurs in a hundred destructive battles; no official is hurled with popular indignation from power; no searching inquiry is made for the causes of this costly sacrifice to official incompetency and neglect; but quietly the new year succeeds the old, and begins its chronicles of the same waste of human life.—*American Med. Times*, Jan. 11, 1862.

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American Pharmacopœia.—We understand that the revision of this work is in an advanced state of progress, and that the committee having it in charge are making every effort to have it ready to put to press at an early day.

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Salting Railroad Tracks.—The practice of salting the streets of New York after every snow storm, to hasten the melting of the snow, is now forbidden by law. While it was practised, the streets were not only ankle deep with water, but this water was rendered intensely cold by the mixture of salt. Great injury resulted to the hoofs which travelled on these streets, many losing their horses as a result of the constant exposure. Children attending the public schools were very liable to have their shoes saturated with this brine, and severe colds were the consequence. As a sanitary measure, this action of the Common Council is worthy of all imitation.—*American Med. Times*, Jan. 25, 1862.

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Pacific Medical and Surgical Journal.—Dr. David Wooster, the editor of this Journal, having been appointed Surgeon and Medical Director in the U. S. Army for the Department of the Pacific, has vacated the editorial chair, which has been assumed by Dr. James Blake, a practitioner of considerable acquirements, and who has for the last ten years been a resident of California, and been an able contributor to its medical literature.

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Eight Children at a Birth.—The following wonderful story has been going the rounds of the daily papers.—"On the 2d of August, Mrs. Timothy Bradlee, of Trumbull County, Ohio, gave birth to eight children—three boys and five girls. They are all living, and are healthy, but quite small. Mr. Bradlee's family is increasing fast.

He was married six years ago to Eunine Mowery, who weighed 273 pounds on the day of her marriage. She has given birth to two pairs of twins: and now eight more, making twelve children in six years. It seems strange, but nevertheless is true, Mrs. Bradlee was a twin of three, her mother and father both being twins, and her grandmother the mother of five pairs of twins. Mrs. Bradlee has named her boys after noted and distinguished men; one after the Hon. J. R. Giddings, who has given her a splendid gold medal; one after the Rev. Hon. Elijah Champlain, who gave her a deed of fifty acres of land, and the other after James Johnson, who gave her a cow."—*Letter in New York Tribune.*

Ohio Medical and Surgical Journal.—This Journal will in future be edited by the Faculty of Starling Medical College. The business department has been assigned to Prof. T. G. Wormley, who is now the *publisher*, and to him all business communications must be addressed.

FOREIGN INTELLIGENCE.

Epidemic Measles at Val de Grace.—Professor Laveran furnishes this narration as a specimen of the injurious effects which nosocomial influences exert upon otherwise benign affections. The return of troops from the Italian war had the effect of producing great accumulation of troops in the military hospitals. From July, 1859, to July, 1860, there were admitted into Val de Grace no less than 10,000 patients. An epidemic of measles commenced in the winter of 1858-59, and abated in the summer to break out with increased force in the following winter. The result was, that of 125 patients attacked in 1860 the large number of 40 died, being 116 per 1000 of the general mortality for the year. The patients were between 19 and 28 years of age. The disease at its outset presented no signs of unusual gravity, and was unaccompanied by complications such as hemorrhages, typhoid symptoms, meningitis, etc., which have been recorded by authors as sometimes accompanying epidemics. The more or less confluent eruption put on a very favourable appearance, and the fever was moderate; but in place of convalescence setting in as the eruption declined, gastro-intestinal derangements of the cholera form appeared, usually accompanied by a slow asphyxia, due to an excess of bronchial mucus, or the production of a great number of "leucocysts" over the entire extent of the bronchial mucous membrane. A deficiency of power of reaction seemed to prevail, debility succeeding the fever, no appetite existing. Thus, without complications properly so called, the rubeola extended along the internal tegumentary membranes, after the manner of spreading erysipelas and serpiginous ulcers. Death in most of the fatal cases having resulted from asphyxia induced by bronchial super-secretion, the mucous membrane was found congested, and its epithelium destroyed, the calibre of the bronchi being enlarged. The pulmonary veins were remarkably distended, and the pulmonary vesicles, themselves filled with mucosities, and compressed by the distended veins and dilated bronchi, exhibited red and gray *ramollissement*, giving to the tissue of the organ a marbled appearance. Professor Laveran's observations in nowise favour the statement which has been made that rubeola hastens or favours the development of pulmonary tubercles. As to treatment of these cases, little was done; for antimony, so strongly recommended by Rilliet, was found to be only mischievous. Expectation and hygienic provisions were, therefore, alone resorted to. "If we consider febrile diseases in general," the author concludes with observing, "we find that some, as malarial diseases for example, are benefited by the very fact of residence within an Hospital, and are but little subjected to nosocomial influences. Others, again, and especially cholera, rubeola, and typhoid fever, become manifestly aggravated in an Hospital medium. In these three diseases the condition of the patient always becomes worse during the night, and in all three the respiration is manifestly affected—in rubeola by reason of the bronchial mucosities, in typhoid owing to the muscular inactivity, and in cholera through the condition of the blood. In these diseases it is of greater importance than in others to watch attentively that the ventilation shall be complete, and the other conditions of a good Hospital regimen be fulfilled."—*Med. Times and Gaz.*, Aug. 31, 1861, from *Gazette Hebdomadaire*, Nos. 2 and 4.

Regeneration of Bone.—Dr. Demeaux recently sent to the Academy of Sciences a paper containing fresh evidence of the regenerative powers of the periosteum in cases of injury to the facial bones. In one of the examples adduced, the patient, a young man of twenty-two, underwent in 1855 an operation for the removal of an enormous naso-pharyngeal polypus, the pressure of which on the palatine arch had caused the absorption of about two-thirds of an inch square of the bony roof of the mouth. Six years later—a few weeks back, Dr. Demeaux again examined this patient, and found that the whole of the missing osseous tissue had been replaced by periosteal regeneration, which in this case was spontaneous, and unprovoked by artificial means. A second instance is still more illustrative. In October, 1859, a young soldier returned to France after the Italian campaign. He had been wounded at Solferino by a musket-ball, which had fractured the left superior maxillary. The day after the battle the surgeon on duty extracted the projectile, together with several splinters of bone, in one of which three molars were firmly implanted. On examination, about half of the palatine roofing was found to be devoid of bone, the mucous membrane constituting the only wall of separation between the mouth and nose. In consequence of the want of solidity in the palate, the functions both of articulation and deglutition were impeded. During the summer of last year, when Dr. Demeaux again saw this man, the bony plate forming the roof of the mouth was found to be quite entire, and the impediment of speech and the inability to swallow had disappeared. The above examples are highly suggestive, and operative surgery will doubtless before long have turned to account the bone-making function of the submucous periosteum in the treatment of cases of congenital cleft palate.—*Lancet*, Dec. 21, 1861.

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Treatment of Deafness.—Dr. Bonnafont has lately given to the public some details of his method of treating those forms of deafness in which much singing of the ear is present. His plan is to introduce through a Eustachian catheter the combined vapours of certain stimulant and volatilizable fluids by means of a small pump. The agents which he has found most useful have been ether (acetic), ammonia, chloroform, the tinctures of camphor and benzoin, and essence of peppermint. The peculiarity of his apparatus is, that the pump may be charged with the vapours of one or of all the medicinal fluids simultaneously; and it is to the association of certain of these agents that he considers many of his cures to be due. In nervous deafness, for example, he forces into the internal ear a volatilized mixture of ammonia and essence of peppermint —a stimulant, in fact; whereas for the prevention of nervous hyperæsthesia and singing, he finds the best effects to result from the combination of ether, chloroform, and camphor.—*Lancet*, Dec. 14, 1861.

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Cataract.—Dr. Sperino states in a letter to the *Gaz. Med.*, of Turin, that he has succeeded in several cases in rendering the opaque lens transparent after a certain time, by daily evacuating the aqueous humour. He says that he will shortly publish his cases.

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Chylous Urine.—In the Northern Hospital, Liverpool, under the care of Dr. Walters, there is at present a very interesting case of chylous urine. The patient, a man about 23 years of age, a native of Bermuda, sought admission a few weeks ago, in consequence of an unusual appearance in his urine, which came on suddenly a fortnight previously, without any apparent cause and unaccompanied by any sensible interruption to his usual health. He was passing from four to six pints of urine in twenty-four hours, which presented the exact appearance of new milk, and after standing, became more or less coagulated, so that small masses were formed resembling *blanc mange ;* there was also a variable quantity of bright scarlet blood, forming a thin film at the bottom of the vessel. The specific gravity was about 1005. The precipitate was soluble in ether. The case was first taken into the surgical ward under Mr. Hakes, as the urethra had become obstructed by a coagulum, leading to the supposition that there was retention of urine. Since his transfer to the medical ward the treatment has consisted in rest in the recumbent posture, generous diet, with a small quantity of wine and gallic acid in full doses. The result has been, disappearance of blood from the urine, a considerable diminution in the amount of the peculiar milky precipitate, a decrease in the specific gravity, and an improvement in the general health, the patient having steadily gained in flesh. I have no doubt Dr. Walters will publish a detailed account of the history and progress of this very obscure and remarkable case.—*Brit. Med. Jour.*, Nov. 30, 1861.

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New Method of Administering Chloroform.—At a recent meeting of the Obstetrical Society, Dr. Simpson described a plan of administering chloroform which he has now adopted in preference to that at present in use here. The present mode is to fold up a handkerchief and pour into the hollow a quantity of chloroform, and then hold it at some distance from the face, so as to admit of atmospheric air being inhaled along with the vapour. The new plan is to lay a single layer of handkerchief over the face, and let the chloroform fall on it drop by drop. The advantages are these: 1. That there is less danger to the patient from the smaller quantity applied at a time. 2. That anæsthesia is more speedily produced. 3. That the quantity of chloroform required is less. Various gentlemen who had made trial of the plan confirmed the value of this process; and Dr Young in particular stated that he had kept a patient narcotized for ten hours with two ounces and a half of chloroform.—*British Med. Journ.*

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Quantity of Phosphorus found in the Brain of Man and Animals.—As the results of various chemical examinations, Prof. Borsarelli arrives at the following conclusions: 1. The medium quantity of phosphorus found in the brain of man and some other animals, is more than triple that assigned to this organ by Persoz and Opermann. It varies from 1.352 to 1.790 per cent. 2. The phosphorus of the animal economy is found in largest quantity in the brain, in a less proportion in muscle, and in a still less proportion in the stomach. 3. In man, the quantity of phosphorus increases in a decided manner in proportion to his years in the brain and in the muscular flesh, and in a less marked manner in the stomach. 4. The less quantity of phosphorus found in individuals under puberty, whose development is not completed, arises from the greater quantity of this metalloid required for the solid parts of the frame. 5. The difference in the quantity found in an adult or a person of advanced age, and an individual under puberty, amounts for the brain to 1.14 compared to 1, and for the muscular substance to 2.19 as compared to 1. The amount of phosphorus found in the adult or aged person, and in the ox, the calf, the sheep, and the hog (with the exception of the flesh of this last), is very much the same—the average being, as regards the brain, 1.560 in man, and 1.553 in the animals; and as regards the muscular substance, 0.872 in the former, and 0.876 in the latter. In the hog, however, the flesh contains 1.012, being rich in phosphorus as compared with that of the other animals examined, as 1.15 to 1. This may be one of the reasons why the flesh of this animal is more stimulating than that of others. 7. Flesh by boiling in water loses one-half of its phosphorus; so that the flesh of the hog, which uncooked contains 1.012 per cent., after boiling only contains 0.567. Hence we see why in practice boiled meats are found to be most suitable for the convalescence of those who have suffered from hyperæsthenic diseases, and why roasted meats impart vigour to those whose strength has become exhausted by those of a debilitating character. The good effects of meat so cooked do not, however, solely arise from the presence of a greater proportion of phosphoric compounds. They also contain a larger quantity of the proper nutritive principles of the flesh, which being soluble in water, become lost in boiling.—*Ibid.*, from *Omodei's Annali Universali.*

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Poisoning by Coal-gas.—A case of poisoning by coal-gas has recently been investigated before the borough-coroner, Liverpool. A man and his wife were found one morning in the cellar in which they lived, the former in a state of insensibility, and the latter quite dead. On inquiry, it was found that an escape of gas from the main had occurred, during some repairs in the street adjoining; the opening in the pipe had been "clayed up," as it is technically called; but, unfortunately, the gas escaped and followed the water-pipe until it emerged into the cellar where the unfortunate people were sleeping. I am told that accidents from the inhalation of gas are very liable to occur to the workmen employed about the pipes. When the escape is sudden and considerable, it has been known to produce death in a few minutes; but when, as happens more frequently, the men are exposed for a long time to the inhalation of the gas largely diluted with air, it produces very remarkable effects—at first the individuals become excited, are quite unconscious of their danger, and cannot be convinced of the risk they are incurring, so much so, as to render it necessary to remove them by force. After a longer exposure, they lose the power of control over their limbs, fall down in a state of collapse, froth at the mouth, and have all the appearance of dying men; but even from this condition they frequently recover, and the antidote, which experience has taught them to place the greatest confidence in, consists in pouring down the individual's throat good bottled porter out of the bottle. Neither spirits nor draught porter, nor ale, are said to have the same good effect.

The sub-engineer of our gas company, a highly intelligent man, assures me that he has known many lives to have been apparently saved by the application of this antidote.—*Brit. Med. Jour.*, Nov. 30, 1861.

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Death from Artificial Flower Making.—Some days ago an inquiry was held by Mr. G. S. Brent, on Matilda Scheurer, a good-looking girl of 19, who died from poison imbibed in the manufacture of Artificial flower-leaves. Mrs. Louisa Scheurer, mother of the deceased, deposed that on Thursday week her daughter was taken ill. She was seized with vomiting, and the refuse of the stomach was very greenish. The witness took her to a doctor on the following morning, who told her she was again suffering from the effects of poison. She had been ill several times before, complaining of pains in the stomach and sickness, for the last year and a half. She was engaged as an artificial florist in the warehouse of Mr. Bergerond, of Judd Street, Brunswick Square, and up to the time of her death she had been engaged in the leaf-making. She was in the greatest pain until she became insensible, when death put an end to her sufferings. Mr. Paul, surgeon of Burton Crescent, said he had attended the deceased four times within eighteen months, while suffering from the same causes. He had made a *post mortem* examination, and found that the lungs gave evidence of the presence of arsenite of copper, the liver being highly impregnated, as also the mesenteric glands. The cause of death was acute inflammation of the mucous membrane of the stomach, produced by the inhalation of the arsenite of copper. A sister of the deceased had died under similar circumstances. Mr. Bergerond said he employed ninety-eight girls in his establishment, and for their protection he had suggested the wearing of masks, but it was objected to by them as producing excessive heat. They, however, wore muslin over their mouths. It was stated by a juror that the arsenite of copper in such manufactures was prohibited in France; as injurious to work people. The jury returned a verdict to the effect that the deceased died accidentally, from the effects of mortal disease in her stomach and other organs, occasioned by arsenite of copper used in her employment.—*Brit. Med. Jour.*, Nov. 30, 1861.

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Adulteration.—A recent number of the *Jersey Morning Express* contains the following paragraph, under the head of "Novel Employment for the Fair Sex."

"The recently opened trade with Japan has afforded the opportunity of importing for English consumption fine green tea at a cheaper rate than from China. The Japanese, like sensible tea-drinking people, have not hitherto, even for the sake of extra profit, covered the surface of the leaf with powdered colour, as is done by the Chinese, in order to please foreign customers. Merchants in England, knowing that in Jersey we have no Board of Customs to interfere with their operations, are sending it here to be coloured. This makes the Japanese tea appear like that from China, and therefore it is more seemingly valuable in the London market. Many females are employed to change it from the natural dark olive to the artificial bluish hue, as seen when sold in the shops; the change is effected nearly in the same manner as confectioners colour the surface of sugar-plums for children. There can be no objection to the employment of our poor, as the consumer in England has ultimately to defray the cost; but, notwithstanding this, it is absurd to incur an expense to make tea unwholesome, for the sake of having the leaf more inviting to the eye, as the powdered mineral is, of course, washed off and drank when the infusion is taken at the tea-table. The Japanese fashion of using it in its original purity is decidedly the best, as an infusion made from the unsophisticated leaves must be the most inviting."—*British Med. Journ*, Sept. 21, 1861.

Effects of Religious Excitement.—The annual report of the Irish Lunatic Asylum Inspectors states, that more cases of insanity occurred in Ulster in two months, during the late revival movement, than had taken place in the year. "Religious excitement" is assigned as the cause of insanity in 97 males and 86 females, but it is observable that, though religious excitement was the cause of the breaking down of the mind, the mania is not generally religious. The patient does not rave about religious subjects, but about matters totally different. The religious excitement, like any other violent epidemic excitement, caused the mind to give way in its weakest point, whatever that might have been. "Intemperance and irregularity of life" were the causes of the disease in 241 males and 82 females.—*British Med. Journ.*, Nov. 2, 1861.

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Cholera in India.—Up to this date not less than 500 English soldiers have fallen victims to cholera, chiefly in the military stations of Delhi, Meerut, Umballa, and above all, Lahore. The epidemic has raged now for six weeks. It showed itself first in a virulent form at Delhi and Meerut. This is the fifth visitation of the kind since 1842. The wave of pestilence has alternately swept down from Cabul to Eastern and Central India, and up from the East into Central Asia, following the Gangetic valley and the great commercial routes. Wherever it has attacked English soldiers it has spared the native troops and prisoners in the vicinity. The effect on the troops at Lahore has been most depressing. The Mean-Meer Brigade has been moved out of cantonments into camp. The medical men available have been overworked. Government, it is said, have appointed a commission of medical and engineer officers to inquire into the circumstances.—*British Med. Journ.*, Nov. 2, 1861.

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British Pharmacopœia.—The new Pharmacopœia is advancing rapidly to a conclusion, and may be expected to be published next winter, or at latest in the spring of 1862. The work, which has been one of no small labour and difficulty, has occupied the attention of a committee, consisting of physicians, chemists, and pharmaceutists, for upwards of three years. A large part of the work has been necessarily carried on by correspondence; and there were many differences of opinion to be reconciled, prejudices to be overcome, many processes to be tested, old and useless remedies to be struck out, new and useful ones to be introduced. The committees have worked vigorously and harmoniously together; and it may, therefore, be expected that the new *Pharmacopœia*—the result of their combined labours—will do credit to its authors, and to the General Medical Council, under whose auspices it will be published, but prove a great boon to the medical profession and to the public. A conference for the final adjustment of the details of the *Pharmacopœia* has lately been held in Edinburgh, under the able presidency of Dr. Christison. The other members who have attended are—from England, Dr. F. Farre, Dr. Garrod, and Mr. Squire, member of the Pharmaceutical Society; from Ireland, Professor Apjohn, Dr. Aquilla Smith, and Dr. Neligan; from Scotland, in addition to the President, Dr. Andrew Wood, Dr. Douglas Maclagan, Dr. Charles Wilson, and Mr. Robertson, member of the Pharmaceutical Society.—*Brit. Med. Jour.*, Nov. 16, 1861.

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Medical Times and Gazette.—Mr. T. SPENCER WELLS, who for upwards of seven years has edited this Journal with an ability which has rendered it one of the best of the British Journals, takes a farewell of his numerous readers in the closing No. for this year. We wish him happiness in his retirement and the success in private practice to which his unquestionable ability fully entitles him.

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OBITUARY RECORD.—Died, on the 10th of December, at Florence, whither he had gone for the benefit of his health, THOS. SOUTHWOOD SMITH, M. D., aged 73 years. Dr. S. was the chief originator in England of the Science of Preventive Medicine, and accomplished more in effecting sanitary reforms in Great Britain than perhaps any other individual.

—— At Frenchay, Gloucestershire, Nov. 9, 1861, Sir JOHN CÆSAR HAWKINS, Bart., in the 89th year of his age.

—— In Dublin, Dec. 16th, 1861, Dr. CATHCART LEES, Lecturer on the Practice of Physic in the Ludwick School of Medicine, and for many years Physician to the Meath Hospital, aged 50 years.

—— Dec. 9th, Dr. BRICHETEAU, formerly President of the Academy of Medicine, and a physician of great distinction.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Anæmia and Bloodletting.—Delivered at St. Mary's Hospital, Nov. 14th and 28th, 1861. By Thomas K. Chambers, Lecturer on Systematic and Clinical Medicine.

Gentlemen: You will all remember the corpse like pallor, made more conspicuous by red hair, of a girl admitted this day fortnight into Victoria Ward. She smiled courteously, but was quite unable to rise from her bed. Her history is as follows:—

Margaret C., now aged 20, seems to have had very good health in general, as is shown by her remembering that she had such an unimportant ailment as a pain in the right side when she was a school girl of seven years old. She seems to have been carefully brought up by a step father in a higher class of life; but three years ago she lost him, and had to go into service as a housemaid. For this work she was hardly strong enough, and, perhaps, too tenderly educated, and after eighteen months' trial she gave it up, and was apprenticed to a Berlin-wool shop. In this place her mental superiority was apparently recognized, for she quickly became forewoman, with three girls under her, in a shop at Maidstone. She felt this responsibility a good deal, and also thought the closeness of the shop did not suit her, though it did not seem to make others ill. However, she retained a high, bright colour in her face, for which she seems to have been somewhat admired, till nine months ago, when she began to lose it, and in a few weeks became as waxlike in hue as she is now. At first her appetite was large, and she always seemed in want of food; but after three months it failed, then

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ceased entirely, and she took a disgust to food. She had a good deal of pain in the epigastrium and to the left side of it, and also palpitations and pain of the heart Three months ago she spat up some blood, and had a little cough, which frightened her sadly. Three times during the nine months she has had attacks of low spirits, with crying, but does not appear at all hysterical now. The catamenia always were quite regular and sufficient till the commencement of the anæmia nine months ago, when they began to get scantier and scantier, and at last ceased entirely. The urine is pale and watery, the stools scanty and steadily rare; but there is no sudden gush of bulky stools, diarrhœa alternating with constipation, or other indications of accumulation of feces in the intestines.

She expands her chest perfectly, and there are no abnormalities to give rise to a suspicion of pulmonary tubercle, at all events in such a quantity as to cause anæmia. There was a soft systolic murmur in the heart when she was agitated at first admission; but it went away after she had rested in bed five days.

First, now, for the name by which I have already designated this patient's disease. Anæmia, or "bloodlessness," means in scientific language a deficiency of the red disks in the blood. The word has been objected to because it has been supposed to imply etymologically that there is a deficiency in the actual quantity of circulating fluid, of which, indeed, there is no proof. And "Spanæmia," or "thinness of blood," has been proposed in its stead. Such accuracy would be highly commendable, if it were only accurate; but in truth the mere fact of *thinness* does not describe the essential nature of the disease; for the specific gravity of the blood might be raised as high as you like, but if you did not restore red blood-disks, nothing would be gained; the morbid state would still exist. But, in reality, there is no occasion for fault-finding. Anæmia, by the analogy of Greek etymology, does not mean deficient quantity of blood, but deficient quality, just as in Aristophanes ἀπροσῶπος does not mean a man "without a face," but "with an ugly face," ἀναρίθμος means "difficult to count," and so on. I shall therefore contentedly use the term to include all cases in which the blood disks are beneath the normal proportion.

Anæmia is found during life in a great number of the organic changes of tissues which you see in museums and lectures on morbid anatomy, and may discover by diagnosis. In other cases of equal importance and prominence it is absent. Very frequently, too, you find it in an extremely high degree in cases where you can discover no organic change in the solids at all, and where, from the transitory nature of the bloodlessness, there is reason to conclude that such organic change really does not exist. Under this last category comes the patient who is the occasion of my present Lecture.

To understand how it is that so many causes are followed by the same effect, and by an effect by no means proportioned to the general importance or want of importance of the cause, you must reflect upon the true relation which the blood bears to the rest of the organism. It is in the same position as a great thoroughfare in an important town. Very little trade, and still less manufacture, is carried on in the street itself, yet from the nature, the number, the pace, and other characteristics of the vehicles and people which pass, you may form a pretty shrewd notion of the commercial prosperity of the population. A foreigner standing in Cornhill and viewing the steady quick pace, and active, careful, yet healthy faces of the many-classed by-passers, the well-packed loads of the vehicles, and their varied yet subdivided contents, cannot fail to see that he is in the centre of an industrious well-to-do nation. But it is not the mere fact of the crowding that makes him say so, for last Saturday he would have seen a greater crush at the same place though that was only in consequence of all trade being suspended for Lord Mayor's-day. And at Naples, the lazaroni and pickpockets who block up the pavements are evidences that trade is not only suspended, but prevented, by a dangerous horde of villains. So, in the blood, the Physician traces proof how constructive metamorphosis (the city's manufacturing industry), destructive metamorphosis (its consumption), and effective life (its social happiness) are carried on.

The traveller must not be deceived by an idle multitude in one spot, in estimating the strength of the population, nor must we set down local congestion as proof of excess of blood. In both cases, experience shows we have strong presumptive evidence of a deficiency.

Neither must a mere bustling throng be

reckoned as industrious citizens. There are cases where a large amount of solid matter, even where a large amount of red disks, adds no more to the usefulness of the circulating fluid than the lazaroni to Naples, and which are, therefore, as far as treatment is concerned, really in a condition of anæmia. Of these cases I will speak at a future opportunity.

But though crowds are no evidence of sound political health, yet it is certain that deserted streets prove the contrary. So anæmia, or deficient redness in the blood, shows a deficiency of life in the ministers to that redness; either the supply of food is too small, or its assimilation is defective, in both cases either absolutely or relatively, to the existing demand.

In many instances it is easy enough to lay the finger upon the instrument of life which is to blame. We can detect without difficulty the causes at work—starvation, which anybody can understand leads to an absence of the organic matters made out of food; disease of stomach, in which the aliments are not prepared for assimilation; disease of liver and duodenum, producing the same result; disease of intestines, or their glands taking up no adipose matter especially, and so preventing cell growth; disease of the spleen or lungs, which physiological experiments, independent even of our observations of morbid phenomena, show to be answerable for the formation of new blood disks in a way yet unknown; mental derangement, care, disappointment, which so readily arrest the activity of the assimilating viscera; these agencies, and many more, are readily comprehended as causes of anæmia. But there are a considerable number of cases where nothing tangible of this sort is to be made out, yet where the paleness of the blood seen in the face, lips, tongue, or in a drop taken from a pricked finger, and evidenced by the faintness, weakness, palpitation, anasarca, amenorrhœa, etc., are even more marked than where demonstrable lesion is to be found. So it is in the present instance. The young woman's history gives no reason to suspect any organic disease of the lungs or other organs, and the functions of life were fairly performed till she began to get pale and languid nine months ago. The want of red blood, which we look upon as the important feature in her case, attracted her attention also particularly, as she had previously had a fresh, high colour. Then, after an interval amply sufficient to enable us to separate cause and effect, come the symptoms which I wish to notice as the consequences of anæmia. Causes, no doubt, they are in some instances, but here consequences. I mean the loss of appetite, impeded circulation, cessation of menses, hemorrhage from respiratory mucous membrane, and hysteria in a person unaccustomed to it.

The only explanation she can give of her loss of health is her having been employed in a shop less ventilated than she had been accustomed to, and having the responsibility of the concern thrown upon her. Alone neither would have been sufficient, as the shopwomen under her do not appear to have suffered from the air; while, on the other hand, women in retail business are not as a rule anæmic. But still I think that both together may perhaps be fairly saddled with the blame, for whilst the increased mental labour was increasing metamorphosis, the greater demand was not responded to by greater supply, but, on the contrary, assimilation was checked by the even moderate unwholesomeness of the respired air.

Of course, the not being able to trace deeper the anatomical cause arises from the imperfection of our knowledge, but it does not arise from neglecting to apply such knowledge as we possess to practical medicine. If we were to make an autopsy of this patient instead of curing her, we should in all probability find no more lesions in any of the tissues capable of accounting for the disease exhibited in the blood than we have already found. A fortnight ago Dr. Gull, Mr. Malton, and I examined the body of a gentleman who had died at forty-six of anæmia, and made separately microscopical investigations of portions of the several viscera. Nothing abnormal could we find in any part. The typical healthiness of all the tissues was very remarkable in a man of that age. There was not even a single adhesion of the pleura. I mention this in order that you may not lament the opacity of your patient's bodies, or suppose yourselves likely to learn how to treat them better if you could see their insides.

Anæmia, without obvious organic lesion, when properly treated, is a very curable condition, and this should still further reassure you, that you miss nothing by not being able to study its post-mortem pathology. For transitory and curable states leave but little foot-prints behind them for morbid anatomists. In a great majority of cases they depend upon the mucous membrane, of all the tissues in the body the one most affected by mortuary changes.

To the mucous membranes I am disposed to attribute the condition in which we find our present patient. The two circumstances to which I have traced the illness both act directly or indirectly on this tissue. The mental exertion involved in an unusual responsibility thrown on a conscientious person would arrest the action of the involuntary muscles which carry along the mass of food through the alimentary canal. You know well the time your food is in leaving the stomach if you are called to an important midwifery case just after a hearty meal; and several commercial and literary men have complained to me of attacks of vomiting (that is, temporary paralysis of the stomach), when they took dinner alone, and so were apt to let the mind dwell deeply on some interesting subject; and they have told me in wonder that they could dine out and eat and drink all sorts of rich things with impunity. They did not seem aware of the physiological value of frivolous conversation. At the same time that the moral causes thus impeded digestion, the unwholesomeness of the air in the close shop poisoned the mucous membranes, diminishing their vitality and causing them to be abnormally covered with a thick layer of mucus. Remember that, in spite of their name, it is not the business of mucous membranes to secrete mucus; the more perfect is their condition, the more favourable are the surrounding circumstances, the less they do so. From many persons' lungs not a drachm of expectoration is thrown up in a month, and the vast surfaces of the intestines and bladder are equally innocent of even microscopic traces of mucus in the typical health we desire to experience. It is only when the presence of some material agent diminishes their vitality that the mucous membranes exhibit on their surfaces that peculiar substance whence they take their appellation. And the greater the diminution of life, the greater the secretion; a slight cold in the head will be accompanied by slight catarrh, a severe one by excessive catarrh; and the nearer the approach to death, the nearer it is, so that the death rattle, or overpowering collection of mucus in the bronchi, is a popular warning that all is over. Be careful not to look upon mucous secretion as augmented life; it is in fact a partial death.

Well, the poisoning air having covered these slowly moving mucous membranes with a thick tenacious coat, the entrance of alimentary substances into the veins and absorbents was impeded, and our patient starved in the midst of plenty. So all the usual signs of starvation followed. First, hunger—by no means a constant accompaniment of chronic deprivation of food, yet sometimes present as here; then anorexia, a much more frequent phenomenon; then paleness, languor, weariness, and pain in the stomach; then anasarca, and, in short, the other more marked symptoms of anæmia.

You may observe that the loss in those constituents of the body, which are of a nitrogenous chemical composition, is more marked than that in the hydrocarbonaceous fat. The reason is, partly, that the destruction of adipose vesicles is somewhat concealed by the saturation of the tissue with serum, which gives it a false plumpness—partly, that fat, being absorbable without much, if any, alteration, is easier taken up than fibrin or albumen which require a chemical solution before they can be absorbed. So that though starved, our patient looks but little emaciated.

All that I have said before, of course has for its end the treatment. My aim in anæmia is to introduce as quickly as I can the largest possible amount of 1, nitrogenous food; 2, iron; 3, chlorine. When I say "introduce" I do not mean "throw in," or get swallowed, but assimilated in the system.

As regards the first, it is obvious that if I had written down ever so many "ordinary diets," a patient to whom the very sight of food was an abomination, would have gained nothing by it; she would simply have gone without. I directed, therefore, no meals at all, and no solid food, but a cup of milk with some lime-water in it, to be given as medicine every two hours, and a pint of beef-tea in small, divided doses during the day. After two days she managed an egg also daily, and after twelve days of gradual additions of this sort, you will find her on full allowance of mutton chop, porter, beef-tea, and milk.

Iron is required to supply the new growth of red disks which we hope for, with their metallic constituent. You cannot get it into the system in any way so quickly as the mistura ferri composita of the London Pharmacopœia. Large doses of the more soluble salts have an action on the mucous membranes which not only prevents them being taken up, but also arrests the digestion of food. Evidence of the latter is found in loss of appetite and feverishness, and of their own rejection in the blackening of the stools much sooner than by the form I have approved of. So in spite of the elegant preparations which are constantly put before us, as recommended by their solubility, such as the chloride, acetate, citrate, phosphate and other salts of iron, I prefer the unchemical mixture. It seems as if the carbonate which is preserved from decomposition by the sugar, and the finely-divided oxides diffused through the thick liquid were peculiarly easy of solution in the water saturated with salts and carbonic acid, which (and not pure water) we must remember is the solvent to be considered.

I have found that some cases which did not improve so quickly as I could wish under the above treatment, made a sudden start of improvement when to it was added the administration of chlorine in the form of warm hydrochloric acid baths. More iron is taken up—the blackening of the feces ceases, and therefore perhaps it may be that the presence of more acid in the system attracts more of the metal. But in a few cases I tried for experiment the hydrochloric acid baths alone, and even then it was beneficial, seeming to confer muscular strength like what are commonly called tonic drugs. I cannot but think, therefore, that it supplies a distinct want in the system, that it is a directly restorative medicine in anæmia.

Nor is it difficult to make this empirical observation accord with rational pathology. In anæmia the blood is more watery than natural; the proportion is deficient, not only of organic matters, but of salts. Chloride of sodium is the most important of these, and the supply of one of the constituents of this material we may reasonably imagine is an aid to the renewal of life, which is the end of all medication.

Besides the above named medicines, you will see, I have ordered Pil. aloes cum myrrhâ, gr. iv. omni nocte sumenda. Now, do not suppose that this is ordered merely as a purgative, and that any other purgative would do as well. On the contrary, most purgatives do harm in anæmia. Gamboge, castor-oil, sulphate of magnesia, colocynth, mercury, and several others, which produce serous elimination and augment secretion generally, would do harm just in proportion to their activity. It seems established by the experiment of making them act as purgatives when injected into the circulation, that their soluble principles have a destructive agency over the blood; whereas the soluble alkaloid in aloes (aloine) is, in fact, a bitter tonic, and the purgative power of the drug resides in its insoluble resin.[1] Its action is very slightly eliminative—in moderate doses it only slightly augments the solid brown excreta of the colonic glands, and produces feces feculent in smell and of consistent form; whilst at the same time it restrains, by its bracing bitter, the formation of mucus, as you may clearly see by its action on moist piles, how it dries them up and makes them smart. And by the more vigorous peristaltic action and by the solid mass passed along the gut, the already existing mucus is cleared away. Aloes, therefore, is employed strictly as a clearer of the intestinal, especially of the colonic, membrane. It is joined with myrrh, partly to divide it minutely, and make a small dose go further, and partly to get the advantage of the extra resin.

November 28. A fortnight ago I lectured about an anæmic patient. She was then showing a tendency to lose her title to the name, and now she certainly cannot claim it, and has earned our confidence in the statement that her natural hue is rosy. She leaves the Hospital to-day, having manufactured enough red disks to colour her blood throughout very sufficiently.

What amount of manufacturing industry does this show? Let us reckon. She weighs 8 stone, or 1792 ounces; of this $\frac{2}{7}$ths, or 512 ounces is blood; and of this blood $\frac{133}{1000}$, that is to say, 60 ounces should be red globules. Now the analyses of MM. Andral and Gavarret show that in cases of anæmia of at all a marked character (as this was), we may expect, at least, three-quarters of the red disks to disappear, so that when she came into the Hospital it may be fairly assumed that she did not possess above 15 ounces; and now I think with equal fairness she may be assumed to have got up to 45, which is conceding that she still wants a quarter of perfect health. By this reckoning she must have made 20 ounces of red blood disks; that is, the most important organic constituent of upwards of 150 ounces of blood, in a month!

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[1] "Headland on the Action of Medicines," p. 331; and Robiquet in *Journal de Pharmacie*, April, 1856.

Mark the power of renewal which the human body has under favourable circumstances, and learn from this not only the curability of anæmia when it is a disease, but also the facility of repairing artificial loss of blood when it is employed as a remedy. It has been the fashion lately among certain Medical declaimers to paint the Physician who draws ten or twelve ounces of blood from the arm as a deadly villain, who necessarily *ex vi termini* takes away "the life," or that which cannot be replaced. Not only pill-dealers and quacks have raised this outcry, but it has been joined in by some whose knowledge of physiology ought to have taught them better. It ought to have taught them the fallacy of the popular notion and the scientific argument by which to refute it. You will clearly perceive from the calculations through which I have taken you that by proper management no loss is so easily repaired, and that if he saves his patient two nights' sleeplessness or pain, the price of a venesection is well spent.

Only note this, that *if the loss is to be repaired, the means of repair must be given.* When I bleed, you will observe that I take down the diet card and accommodate it to the circumstances, being very careful that the patient has the wherewithal to replace the globules I am detracting. I supply with one hand what I am taking away with the other. I begin to cure the artificial anæmia, which I feel myself called upon to produce, at the same time that I am producing it. "Blowing hot and cold" you will say. Precisely so—that is what I intend. I blow cold with my bleeding, not for the sake of blowing cold, but because it is the inevitable accompaniment of the remedy. I employ the remedy not to produce anæmia, but for other quite different purposes which I think are worth the cost. And I blow hot to compensate as well as I can for the evil I think it desirable to do, on the principle

> "Necesse est facere sumptum, qui quærit lucrum."

I do believe that the sad effects of the excessive venesection of our fathers, which with justice have been thrown in the teeth of the Medical Profession, was due quite as much to the starvation as to the bleeding. I have a most vivid and painful recollection of seeing, when I was a student in Paris, M. Chomel and others treating pneumonia. I could not at first understand why in France so much more marked, and, in my opinion, so much more deleterious, effects were produced by the venesection than in England. At that period we had at home ample opportunities of seeing blood-letting practised; but I never saw such prostration produced by it at St. George's as I did at the Hôtel Dieu. Then I noticed that the order for "*Saignée*" was accompanied by "*Diète absolue.*" I almost doubted my knowledge of French, and was obliged to ask several of the bystanders before I could believe that this meant an *utter deprivation of all food!* There was an instantaneous explanation of the comparative toughness of my countrymen; for never in our worst days did we carry the Sangrado practice so far as that. We did not give food enough, perhaps, but we never commanded that it should be intentionally kept out of our patient's way.

The bad practice of starving and bleeding at the same time, took its rise from the errors of Allopathy. In this system a disease is an enemy to be overcome—a something *to be combated by* an agent which is as opposite to it as possible. Bleeding was found by experience to be useful in certain morbid states; therefore it was useful in virtue of its opposite effects. Anæmia and depression of life, are the most constant effects of bleeding; therefore anæmia and depression are the benefactors to be sought for, and whatever aids bloodletting in producing anæmia and depression, is a good companion to it. It is unnecessary to say, that of course starvation was the first agent thought of, adopted *à l'outrance* by the logical French, and with more hesitation by our fortunately illogical countrymen. The abuse has brought about a reaction; and that treatment which was considered at one time so specific that its gravest faults were viewed as virtues, now runs a risk of being denied *all* virtue because of its avoidable faults.—*Med. Times and Gaz.*, Jan. 11, 1862.

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Cases of Fever (Typhoid) with Clinical Remarks.—Several cases of fever having occurred in the clinical wards of Guy's

Hospital, under the care of Dr. Barlow, whilst he had charge of them during the months of October and November, he was led to remark that whilst some of them presented a close accordance with the symptoms generally received as characteristic of that form of the disease now distinguished by the term typhoid, in others there was a considerable deviation from those symptoms. For example, the first case was that of a young girl, aged 18, who had been attacked with diarrhœa and pyrexia. She was admitted on October 14, having been ill about twelve days. Distinct rose-coloured maculæ were observed on the chest and abdomen; but there was no diarrhœa whilst she was in the house; the tongue, however, showed the red tip and edges with somewhat elongated papillæ, indicative of gastric irritation. She was convalescent from the fever at the end of two weeks.

The next case was that of an old woman, who was brought into the Hospital with fever of a low type, and who only lived four days afterwards. In her case the tongue was covered with dark sordes. There was no diarrhœa, but upon inspection after death there was considerable ulceration in the lower part of the ileum.

Another case—a young married woman—presented well-marked rose-coloured maculæ, but there had been no diarrhœa previously to her admission, and while she was in the Hospital there was great difficulty in getting the bowels to act.

The next was a fatal case, occurring in a young married woman, who had suffered from diarrhœa as well as the other symptoms of fever, previously to her admission, and on whom there was observed an unusually large crop of distinct slightly elevated rose-coloured spots. On inspection after death, very extensive ulceration was observed in the lower part of the ileum; and there were also some ulcers below the ileo-cœcal valve, one of which, nearly as large as a sixpenny-piece, had denuded the muscular coat of the intestine.

Among the males, a young man was admitted, having been attacked with pyrexia and severe pain in the head, and on whom a few distinct rose-coloured maculæ were subsequently observed. He had had no diarrhœa previously to his admission, and while he remained in the house there was considerable difficulty in inducing even a moderate action of the bowels.

The next case admitted was that of an Irish boy, who had been ill about twelve days, and was admitted with a pretty large crop of distinct rose-coloured spots and rather severe bowel irritation. He had considerable delirium at night, which was allayed by a moderate dose of Dover's powder, and ultimately convalesced satisfactorily.

The next case was one commencing with diarrhœa, in which no maculæ were observed, and which assumed the form of well-marked relapsing fever.

Dr. Barlow remarked that though the above cases, with the exception of the last, were of that form of fever which is now commonly described as typhoid, there were considerable differences to be observed in their symptoms and progress. In the first case there was diarrhœa at the commencement, but subsequently none. In the second, which was fatal, there was no diarrhœa as far as the history could be ascertained; but there was the characteristic intestinal ulceration. In two other cases, one male and one female, there was no diarrhœa throughout, although there were well-marked maculæ, particularly in the case of the female; whilst in the case of the young woman who died there was an unusual number of spots, diarrhœa, and very extensive ulceration extending below the valve. In the last case but one there were abundant maculæ, diarrhœa, and delirium, which latter symptom was almost absent in the other cases. The last was one of relapsing fever, showing that these varieties of fever may present themselves at the same time. But besides this, we have grounds for believing, contrary to the generally-received opinion, that the typhus form of fever may occur contemporaneously with the typhoid, since a young man has lately been admitted into Guy's Hospital, under Dr. Barlow's care, with severe pyrexia, great oppression, and an eruption, apparently identical with that generally regarded as characteristic of typhus. Dr. Barlow subsequently learned, through the kindness of Dr. Hermann Weber, that this man had just before been the subject of typhoid fever in the German Hospital, and further, that a fever, apparently typhus, had been prevailing in the German Hospital for a short time previously to the admission of this young man into Guy's Hospital. Another fact which has become apparent during the present epidemic is, that typhoid fever may be communicated by contagion. Thus, Dr. Barlow learned that a young woman, the subject of slight ichthyosis, with some albumen in the urine, who had been a clinical patient, and very attentive to her fellow-patients who were the subjects of fever, and who was upon the point of leaving the Hospital just as he gave up the charge of the wards, was prevented going away by an attack of pyrexia, which assumed the character of typhoid fever, of which she subsequently died. A nurse, also, in one of the wards where severe cases of typhoid had been admitted, has been attacked with typhoid fever of a highly dangerous character. —*Med. Times and Gaz.*, Jan. 4, 1862.

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Clinical Remarks on Pleurisy. By Dr. James Jones, of the Metropolitan Free Hospital.—It is unnecessary to remark on the great frequency of pleurisy. The fact that scarcely a thorax can be found in and after adult age, in which adhesions do not exist in some portion of it between the pulmonary and costal pleuræ, is sufficient to demonstrate its frequency. The generality of those cases, however, are what may be denominated simple adhesive inflammation of the pleura, unattended by effusion of serum in sufficient quantity to give physical indications of its presence. It is, perhaps, not generally known, however, to how great an extent pleurisy with effusion in sufficient quantity to give rise to compression of the lung to a degree sufficient to arrest its functions, prevails amongst the ill-clad, underfed, intemperate operatives at the east end of London. The out-patients' room at this hospital is seldom without several well-marked cases of this kind. They continue to attend as out-patients, and get well under the most unfavourable circumstances. These cases, when compared with those which occur amongst the well-fed, well-cared-for middle classes, would almost induce the belief that the diseases were different. But is it not the circumstances of the patient which influence the course of the disease? In the well-fed patient, there is generally an amount of plethora, a condition of hyperæmia, which tends to effusion. The over-burdened vessels find relief by a disgorgement of the more fluid parts of their contents into the pleural cavity. The same condition tends to check absorption when the more acute stage has passed off. In the half-starved patient, on the other hand, the ill-supplied vessels have no inducement, so to speak, to get rid of any portion of their contents, and, if forced to do so by the severity of the inflammation, they are always ready (and willing) to reabsorb it. How far the results of the same disease in two opposite conditions of the system may bear upon the treatment by venesection and other modes of depletion, is worthy of grave consideration. Have we not, in disusing venesection in pleuritis with plethora, given up a remedy capable of accomplishing much, and, if used with judgment, unmixed good? Is the disuse of venesection a necessary corollary of the supporting treatment of the present day? We resort to mercury, iodine, and other drugs to promote absorption. Do we not, in giving up venesection and depletion, deprive ourselves of a far more powerful and much less hurtful agent than any or all of those which we now employ? I do not wish to be understood as advocating the return to the use of copious, and frequently-repeated bloodletting, which, by destroying the vital stamina of the patient, either hastens his death, or, if he be so fortunate as to escape with his life, produces an amount of debility which leads to a slow convalescence. Moderate bloodletting, by reducing the mass of fluid in circulation, tends to encourage absorption, the early and rapid accomplishment of which is of so great importance in pleurisy. The ill-fed man, with a condition of the circulation the opposite to plethora, recovers from an attack of pleurisy which, in the plethoric, is sufficient to destroy life. The first case is interesting as an example of severe pleurisy running through all its stages, unmodified by treatment. It presents several points of much interest, especially with reference to paracentesis.—*Med. Times and Gaz.*, Jan. 18, 1862.

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Aphtha Figurata—Clinical Remarks on its Pathology and Treatment. By Andrew Clark, M. D.—This disease, as it occurs in adults, passes through three stages, which are sometimes seen simultaneously in different parts of the same tongue. In the first stage it is studded with variously shaped, white, opaque, slightly raised, red-edged patches; in the second, with shallow, red, angry-looking, white-margined erosions; in the third, with smooth, glossy depressions, through the thin, tensely-stretched lining of which the subjacent textures are visible.

The first stage is essentially an epithelial thickening. The secretion of a serous fluid determines its desquamation and the production of an erosion. This, after extending in various directions, becomes coated at last either by a single or double layer of fine, scaly, epithelial cells, or a stratum of fibroid tissue.

The morbid process is often repeated in the same spot; and then the papillæ are destroyed and the mucous membrane replaced by fibroid tissue.

The disease arises from various causes. Sometimes it is hereditary, sometimes congenital. Many cases are referable to syphilis, a few to mercury and to local irritations; some are inexplicable.

In any case, the disease is a source of great discomfort to the patient, and extremely difficult of cure.

If the disease is not specific, and ordinary remedies fail to effect a cure, proceed as follows:—

Remove all possible sources of local irritation, whether arising from carious teeth, smoking, the use of the pipe in glass-blowing, or the like.

Let the diet be made extremely simple; especially exclude condiments, sweets, acids, and acid-begetting matters.

Immediately after a meal carefully wash and dry the tongue, and then quickly, but firmly and freely, apply the solid caustic to each of the patches and the surface beyond to the extent of an eighth of an inch.

Repeat this application twice at intervals of three days, and gargle frequently with a solution of alum containing about two grains to the ounce of water.

New patches must be treated as they arise in the same way. But if after the second or third application fresh patches appear in the places occupied by the old ones another plan of treatment must be adopted.

Wash and dry the tongue as before; pencil each patch with the liquor sodæ chlorinatæ which will dissolve the epithelial or fibroid thickenings; in a minute or so, wipe the now softened patches with a dry cloth, and lightly apply to the raw surfaces a saturated solution of arsenic in hydrochloric acid. Take care that no more arsenious solution is used than may be required to saturate the patch, and that the mouth is washed with water at the conclusion of the operation.

This process may be repeated in four days; but meanwhile the raw surfaces should be painted daily with a solution of nitrate of silver containing two grains to the ounce.

The local treatment is sufficient to effect a cure in some cases. In others nothing can be done without the help of remedies affecting the general system.

In the more tractable cases the following draught will suffice, given thrice daily, two hours after food: ℞.—Potassii iodidi gr. iij; potassæ bicarb. gr. x; potassæ chlor. gr. viij; spts. am. arom. ♏xx; syrupi aurant ʒj; infus. cinch. ad ℥j. Fiat haustus.

If manifest improvement does not occur after a fortnight's use of this combination, replace it with the following solution of the iodide of arsenic: ℞.—Liq. potassæ arsenitis ♏iij; potassii iodidi gr. iij; liq. potassæ ♏xv; tinct. cardam. co. ʒj; syr. rhœados ʒj; aquæ cinnam. ℥vj. Three times daily with food.

If the disease is still intractable, it will sometimes be finally conquered by the nightly administration of half a grain of the iodide of mercury in combination with three grains of the extract of conium.[1]

By one or other of these plans we may cure about six in every ten cases. In an experience extending over two hundred cases rather more than forty per cent. remained uninfluenced by any kind of treatment.

When the disease cannot be permanently cured, it may be temporarily cured by the daily application of weak solutions of nitrate of silver; or by allowing crystals of chlorate of potash to dissolve slowly in the mouth.

In most cases, even when the erosions are perfectly healed, the mucous membrane remains so irritable as to prove a continual source of discomfort. This may be overcome by the daily application of a saturated solution of tannic acid in equal parts and spirit and glycerine.—*Ibid.*

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Clinical Remarks on the Cure of Phthisis. Delivered at St. Thomas's Hospital, by WILLIAM BRINTON, M. D., Physician to the Hospital.—The case we are about to discharge (29, Ann's ward) is of the greatest interest, not so much for the rarity of its symptoms as from the remarkable success which has attended its treatment.

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[1] In the case of a lady sent to Dr. Clark by Dr. Corbett, of Ossett, this disease had existed for twenty years, and resisted all remedies but the two last, by means of which it was finally cured.

E. W., aged twenty-eight, a married woman without children, had suffered five or six winters from increasingly severe weakness, and from cough, which subsided (without disappearing) during the summer, and which for the last twelve months had been associated with severe pain through the middle of the chest, and frequent (but remittent) stabbing pain under the right breast. On the 17th of July last she was seized with shivering and acute headache; to which, a fortnight later, were added intense and frequent vomiting and purging. At her admission, the vomiting followed all ingestion of food; the purging amounted to about six or eight watery stools daily, preceded by griping, accompanied by tenesmus, and streaked with blood. The pain in the belly left a superficial tenderness between the throes of vomiting and purging. The tongue was raw-looking, almost hectic. She had night-sweats. The pulse and breathing were 120 and 32 a minute respectively. The chest revealed to a careful physical examination unmistakable signs of diffuse tubercular deposits in the upper parts of both lungs, with dry pleurisy in the right mammary region, and a small cavity or cavities in the right apex. The sputum, characteristic but not copious, confirmed these signs; and yielded, to microscopic examination, plenty of the yellow elastic fibres of the lung-tissue. She was terribly prostrate, and thin; and, according to her own account, had been losing flesh for two or three years past, latterly with great rapidity.

There is little need to dwell on the diagnosis. Even the prevalence of English cholera at the time of her admission would have allowed no one who took the trouble to extract her history little by little from her broken and exhausted statements, to overlook the true nature of the intestinal malady. The case was obviously one of tubercle, deposited not only in the lungs, but in the bowels; and, in both organs, probably advanced to the stage of softening and ulceration. In the lungs, indeed, this was evident. In the bowels also, the peculiar character of the symptoms left no reasonable doubt that the solitary and agminate follicles were already ulcerated.

To-day (November 29th) she is discharged, having been kept in the hospital many weeks beyond what might have seemed necessary, in order both to certify her cure and ward off a relapse. She is, as you see, a plump, happy-looking person, very unlike an hospital patient. For the last two months, indeed, we have verified that she has been gaining flesh at the rate of about twelve pounds a month.

And now, if you ask what is the treatment which has resulted in this fortunate issue, I can only answer, that she has taken no new drug, no fancied specific, has not been kept on the verge of intoxication by alcohol, or narcotism by opium. The remedies have been of the most ordinary description. Nor can I claim anything but common sense for their direction and combination, or for the diet which alone has rendered them efficacious.

Obviously the first thing to be done was to check the dysenteric flux, and allay its symptoms. And here I should say, it is not advisable to be daunted in the use of opiates and astringents (and especially of those which reach the affected segments of the canal) by the mere presence of vomiting. Any sufficient irritation of any part of the alimentary canal may produce this symptom. And tubercle in the lungs is an independent, and equally sufficient, cause for its occurrence.

She took a mixture of bismuth, compound kino powder, and tincture of catechu, with mucilage and water, every four hours; and, as this did not seem at once to suffice, had an enema of the same composition once or twice in the first two or three days after her admission. Four ounces of brandy with cold water, and a cold, semi-liquid, farinaceous food, gradually supplemented by increasing quantities of milk, both food and stimulant given in twelve small daily doses, formed her diet. Hot bottles were applied to the extremities, and hot fomentations to the abdomen.

In the course of the first thirty-six hours of this treatment, she began to amend. In five or six days the vomiting had all but ceased, being limited to a little retching in the morning; and the stools, now painless and quiet, had subsided to about three a day. The mixture was now gradually exchanged for a pill of the extracts of opium and rhatany, three or four times daily; and the nausea was controlled by the compound calumba mixture which I so frequently use for this purpose. By and by, quina was slid into the pill, its opium gradually diminished, and iron as gradually added. Long before she had thus lapsed into a purely tonic treatment, she had very reluctantly begun taking cod-liver oil, with none but the ordinary precautions as to its moderate quantity, and its admixture with the other articles of food by being taken upon a meal. During the same time her diet had also been marching steadily onward, passing through strong beef-tea to meat, butter, bread, vegetables; and through good red wine (Rousillon) to stout. The chest symptoms, which were at once relieved by the treatment first adopted, continued some weeks after the diarrhœa had subsided to one stool daily, and can only be said to have disappeared under the cod-liver oil. It is now many weeks that she has been anxious to leave the hospital, feeling, as she says, quite well. And as she seems to have regained (and indeed surpassed) the *maximum* of fleshiness natural to her, and has not increased notably in weight for a fortnight past, I have no longer any excuse for keeping her here, beyond the wish which every conscientious physician must feel specially to watch the permanence of the more remarkable cures effected by our art.

The only comments one can offer upon this treatment are trite enough. Ever since the days of Æsop, and very likely before them, "*the belly and the members*" have been liable to little differences of opinion. And this proposition especially holds good in disease; where, to vary the venerable fable alluded to, the constitution is often in urgent need of the very things (diet and drugs) which the alimentary canal is outraged by being called upon to receive and elaborate. But this obstinate, irritable organ is easily circumvented by gentleness and kindness. With care in selecting, and slowness in modifying, the natural or unnatural ingesta which we have to give, the patient who to-day is vomiting every spoonful of food, may, in three weeks, be taking an ounce and a half of cod-liver oil daily, as a supplement to a rich and copious diet and half a pint or a pint of wine; and disposing of quinine and iron in full doses. For such tonics, and in such cases as this, the solid or pill form is all important. It is often still more important not to interrupt the temporary constipation for which Nature, with all the enthusiasm of a convert, often exchanges the previous diarrhœa. Remember that even supposing the wearied intestine does not make up for its overwork by a little repose, it takes three or four days to *fill* an empty bowel, and thus to begin the natural evacuations.—*Lancet*, January 4, 1862.

HOSPITAL NOTES AND GLEANINGS.

Sulphate of Zinc in Hysterical Cough.—A case in which the sulphate of zinc was successfully employed in the treatment of hysterical cough has recently been in Dr. Peacock's wards at St. Thomas's Hospital. The patient, a female, sixteen years of age, had been subject to similar attacks for eight months, and had been under treatment previously in St. Thomas's and the Westminster Hospitals. She was admitted under Dr. Peacock's care on October 19. The present attack was much the most serious which she had had, and it had continued for a fortnight or three weeks. The cough was severe and incessant, ceasing only when she was asleep. She had no expectoration or any other symptom or sign of pulmonary disease; the catamenia were quite regular; the bowels torpid. An aperient was given, and she was directed to repeat it at intervals, and to take two grains of sulphate of zinc, twenty minims of tincture of hyoscyamus, and twenty minims of fetid spirit of ammonia in infusion of valerian, three times daily, and to inhale chloroform. Wine and a nutritious diet were ordered. The chloroform was several times repeated, but without apparently any beneficial effect, and the sulphate of zinc was increased by two-grain doses twice each week, the tincture of hyoscyamus and fetid spt. of ammonia being also raised to half drachm doses.

On November 7, the dose of sulphate of zinc was raised to 10 grains. The cough had subsided, and she was directed to take the quinine and iron mixture three times daily. On the 10th, however, the cough recurred, and was as constant and severe as ever; the last medicine was therefore discontinued, and she was again directed to take the sulphate of zinc, etc., beginning with a dose of five grains.

On December 9 the dose had been gradually increased to fourteen grains, the cough had entirely ceased, and she was discharged cured on the 16th. During the time that the zinc was taken she never suffered from nausea or sickness.—*Med. Times and Gaz.*, Feb. 1, 1862.

Very large Doses of Sulphate of Zinc in Epilepsy.—While the above patient was in the ward, a case of epilepsy was also under treatment by Dr. Peacock, in which the sulphate of zinc was very largely exhibited without any injurious effects being produced, but also without material benefit.

The patient was a female, 11 years of age, who was admitted on August 21. She had been subject to epilepsy for sixteen months; the attacks occurred two or three times a-week, and generally on the day of occurrence there were two or three fits in rapid succession. The attacks were generally of the syncopic form, the patient, without any warning, falling down insensible and recovering, without convulsions, in about ten minutes. Sometimes she was somewhat convulsed, and then the coma continued, more or less decidedly, for about two hours. Her mind was very much impaired, the expression of countenance fatuous; and she had a very peculiarly-formed head. The treatment was commenced by giving her a calomel and scammony powder, and this was directed to be repeated at intervals as needed. She was ordered two grains of sulphate of zinc, in infusion of valerian three times daily. The dose of the sulphate of zinc was increased by two grains on each day of visit, or twice during each week, till at the beginning of November, or in a period of about ten weeks, she took forty-two grains three times daily, and this dose she continued for four days when she became slightly sick, and it was suspended in consequence. During the whole of this time she never had any nausea or sickness, or other symptoms indicating that the remedy gave rise to any irritation of the stomach or bowels. The urine was several times analyzed by Dr. Bernays, but only a trace of sulphate of zinc was ever detected, and it was therefore supposed by that gentleman that the zinc entered into combination with the albuminous matters in the alimentary canal, and so passed out of the system. The effect of the treatment was not satisfactory; the fits became rather less frequent, but were more severe, being more frequently attended by convulsions and followed by more decided and prolonged coma.—*Ibid.*

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Iodide of Ammonium.—For some time past, at Guy's Hospital, Mr. Thomas Bryant has been in the habit of using the iodide of ammonium in certain glandular affections, and, as he informs us, with considerable success. In bronchocele more particularly its beneficial influence has been well shown, and in that disease Mr. Bryant now prefers this preparation of iodine to any other. In many cases he has given it with immediate improvement when the iodide of potassium had been previously employed with little or no good effect; and when applied locally its favourable action is also decidedly satisfactory. He gives it in four or five-grain doses two or three times a-day, in some bitter infusion, as gentian, and finds it agrees well with the stomach. As a local application he uses it either as an ointment, made up with some simple cerate in the proportion of one drachm to an ounce, or as a liniment in the same proportions dissolved in glycerine. In some cases in which the patient is feeble or cachectic he combines the drug with iron, selecting the syrup of the iodide in about half-drachm doses as the best, the infusion of quassia being then the vehicle.

Internally or locally the benefit of this drug is well spoken of, but in bronchocele the combined form of treatment is peculiarly beneficial. In strumous glandular enlargements its use is best exemplified as a local application—cod-liver oil or other tonics being the best as internal medicines.—*Ibid.*

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Case of Epilepsy, presenting Peculiar Features, suddenly and remarkably relieved by the Use of Arsenic.—Dr. Bristowe has at present under his care, at St. Thomas's Hospital, an epileptic lad, whose case is interesting, both from certain peculiarities in the symptoms, and from the success which seems to have attended the treatment employed.

The patient is a shop boy, 14 years of age, who has been subject to epileptic fits for upwards of two years. They came on without obvious cause, and at first were always nocturnal. They increased gradually, so that after a time he generally experienced two or three every night, and often one or more in the day. In May last he was admitted into the hospital, where he remained four months; and under the treatment there employed so far improved that during the latter part of that time, and for the following three months, the fits recurred only about once a month. A week before his last admission, however, they came on again suddenly, and with great severity. For the first three or four days of this time the fits followed one another night and day with great rapidity, but he had intervals of consciousness. For the last three days, however, the fits were still more frequent, and he continued between them in a state of insensibility. He was admitted on November 13 in the condition just described, but in so utterly prostrate a condition that his speedy death was anticipated. With the aid of a purge and of a blister to the neck he emerged from this critical state, and became quite conscious. The fits, however, though rendered less frequent, did not cease, and he was ordered to take two grains of sulphate of zinc in infusion of valerian three times a day. From this time up to December 7 the above line of treatment was pursued, the dose of sulphate of zinc being gradually increased to ten grains. During the whole of this period, however, his condition was a peculiar one. His lower extremities, which previously had been healthy, were feeble and uncertain in their movements, like those of a paraplegic patient, so that he was unable to walk; but there was no anæsthesia. He was therefore in bed, and for the most part in a semi-recumbent posture. But it was observed that whenever he tried to turn or otherwise move his legs, and especially, therefore, if he were made to get out of bed, a peculiar numbness or sensation of "pins and needles" crept from the toes upwards, and was followed in a few seconds by a fit—the fit lasting for about half a minute only, and being preceded by a prolonged and distressing scream. The truth of the statement just made was repeatedly verified by Dr. Bristowe. It was ascertained, however, that after a fit had been thus produced he enjoyed a perfect immunity for about a quarter of an hour, during which time he might move about as he pleased without any ill results; and it was further ascertained that by careful management he could, and usually did, prevent the occurrence of any fit during the day. They took place, however, frequently in the night, always preceded by a scream, and they increased in frequency nightly, so that on the night of December 6 they were so numerous that his constant screaming prevented any of the patients in the ward from getting rest.

On the next morning (the 7th) the medicine he had hitherto taken was ordered to be omitted, and five drops of liquor arsenicalis with compound infusion of gentian thrice daily were prescribed. He had no fit the following night, and none during the succeeding eight days. For two or three days he still suffered from occasional attacks of numbness in the leg; these feelings, however, quite disappeared, and he recovered completely the use of his lower extremities. On the afternoon of the 16th he was visited by his mother and several of his friends who remained with him for some time. Almost immediately after they left him, the fit returned, and between five and ten P. M. came on every ten or fifteen minutes. During the night he had two; and during each of the two following nights he also had one or two attacks. From the 18th, however, up to the present date (the 31st), he had continued entirely free, and apparently quite well.

There are a few particulars to be added to the case. The boy was, and is, pale and anæmic-looking, but his digestive functions seem naturally performed; he has no cardiac or pulmonary symptoms. He is quite intelligent, and so far as can be ascertained has no spinal or renal disease. The mode of access of the fits, the way in which they could be produced at pleasure, and the way in which their occurrence could, during the daytime, be prevented, are all interesting, but do not perhaps call for special comment. The effects of the arsenic were, however, so sudden and so remarkable, that in order to show they were not fallacious, a few words seem necessary. It will be observed that the fits were nocturnal, and that they increased in severity up to the very night before the change of medicine was made. The change of medicine, further, was effected without calling his attention to the fact, or to the probability or possibility of any special effect from it; so that the sudden disappearance of the fit could scarcely have been due to any mental impression, and could scarcely have been a mere coincidence. It will be observed, too, that though the fits themselves ceased at once, the aura persisted for a time, and, further, that even after the latter had disappeared, the liability to have fits from any excitement continued; both of which points are quite compatible with the view that the amendment in this case was due to the use of arsenic, and indeed favour it.—*Med. Times and Gazette*, January 11, 1862.

Chronic Peritonitis with Purulent Effusion, Paracentesis on two Occasions; Extreme Lowness of the Patient; Recovery.—Chronic peritonitis is acknowledged to be a very unpromising disease in regard to treatment, and usually the efforts of the physician are confined to a mitigation of the symptoms or retardation of the progress of the malady. A cure is rarely brought about, more especially when the effusion has reached the suppurative stage. During the past summer, however, a most unfavourable case of this kind—one in which life seemed hanging in the balance for several weeks—came under our observation, but which ended in a good recovery from the means perseveringly employed to save life. There can be no doubt that, in this instance, the intestines and their peritoneal investments have become adherent; yet, with such a disadvantage, it is probable that the patient may enjoy a fair share of health in a country district.

For the notes of the case we are indebted to Mr. T. C. Wigg, late physician's assistant to the hospital:—

Ann M——, aged twenty-four, a housemaid, living in London, admitted into Charring-Cross Hospital, March 12th, 1861. She states that she has always enjoyed good health until about two years since, when she first noticed a swelling of the stomach, which gradually increased up to the present time. She cannot assign any cause for the complaint; she is not aware of having caught cold nor of having had liver or heart affection. She has had a cough in the winter for the last two or three years. The catamenia had always been regular.

Upon examination, the abdomen is found uniformly distended by fluid. She measures thirty-five inches and a half in circumference. The bowels are constipated; the tongue is clean; the countenance has an anxious look, and the patient is rather emaciated. There is not any œdema of the lower limbs, nor can any particular disease of the heart, lungs, or kidneys be detected. She was ordered blue-pill and squill with the acetste of potash in decoction of broomtops three times a-day, and an ointment of mercury and iodine to be rubbed over the belly. Compound jalap powder was taken occasionally, as an aperient. This kind of treatment was continued from the 12th until the 27th of March, when, the circumference of the abdomen being reduced only one inch, and the patient complaining of dyspnœa and pain of the left side, and having vomited some blood, Dr. Willshire requested Mr. Canton to perform the operation of paracentesis abdominis. Accordingly, on the day last named, 240 ounces of clear serum was drawn off, after which a full dose of opium was ordered to be given.

For some days after the operation the case was an anxious one, vomiting, pain, and depression being prominent. These symptoms were met by opium, stimulants, and effervescing draughts containing prussic acid, under which the patient rallied. In a short time, however, the abdomen became of the same size as before.

As the patient was beginning to be worn out by the continual pain from distension and by broken rest, Dr. Willshire decided upon having the abdomen again punctured. Accordingly, on the 20th of April, Mr. Canton performed the operation, and gave exit to 232 ounces of sero-purulent fluid, which, when flowing, was so dense and deeply coloured as to look like pure pus. After the operation, a full dose of opium and eight ounces of wine were ordered.

For some weeks following great fears were entertained for the safety of the patient. Pain, want of rest, vomiting, and diarrhœa were the more urgent symptoms. The emaciation, too, became extreme. A small abscess formed in one of the labia, and twice a little matter collected at the seat of the last puncture of the abdomen. It was believed that some purulent matter was passed per anum, but this was uncertain. The appetite of the patient became exceedingly capricious, and her temper extremely trying to the nurses and the patients near her. Opium in one or other of its forms, but chiefly "black drop," along with alkalies and effervescing draughts, and a good supporting diet, constituted, in general terms, the regimen to which she was subjected. At this juncture a troublesome cough made its appearance, followed by muco-purulent expectoration. This, together with the extreme capillary development over the forehead, arms, back, and indeed over the body generally, and the peculiar form of peritonitis from which the patient had suffered, gave rise to some fears that pulmonary tuberculosis would prove fatal to her. But physical examination certainly did not warrant the assumption. Fortunately, the cough gradually ceased, the abdomen did not again enlarge, and the patient began to pick up a little flesh; her countenance, also, assumed, if not a cheerful, yet a less anxious expression. Improvement still continued, when she was discharged (having an order for Walton-upon-Thames) August 12th 1861.—*Lancet*, Jan. 18, 1862.

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Five Cases of Amputation.—These amputations were performed on one day at University College Hospital, by Mr. ERICHSEN and Mr. H. THOMPSON.

CASE 1. *Caries of Tibia; Amputation of the Leg.*—The patient was a young man who had been the subject of caries of the lower end of the tibia for some months. Mr. Erichsen had already gouged away the diseased part; but afterwards the man had an attack of fever, with some internal disease, and suppuration about the seat of the caries, extending to the ankle. It was considered useless to attempt to preserve the foot; so, to save life, amputation was resorted to through the leg. In doing this, Mr. Erichsen adopted the method of rectangular flaps of Mr. Teale, of Leeds. A long rectangular flap from the anterior part of the leg was made, including the muscles down to the interosseous space, carefully dissected up, and a short posterior flap. The operation was done in accordance with the rules laid down by Mr. Teale, and very little blood was lost. The anterior tibial artery, which was here cut long, was tied with a silver wire, the others with ordinary ligatures, and the flaps were nicely adjusted by silver sutures. This was for the purpose of testing the merits of each in point of time of separation. Mr. Erichsen remarked that he adopted the wire sutures on the present occasion, especially as he was honoured by the presence of Dr. M. Sims, who had introduced them into practice in surgery, particularly that branch of it in connection with the female organs of generation.

CASE 2. *Cancroid Disease of Hand; Amputation of Forearm.*—An elderly man had his left hand affected for several years with a cancroid disease or form of lupus non exedens, which had rendered it perfectly useless, and resisted every mode of treatment. The fingers were straightened and stiffened, and the hand slightly bent backwards; its removal would give him a useful stump to which a hook could be attached. The double flap operation was performed through the lower third of the forearm by Mr. Erichsen, who ligatured *all* the vessels with silver wires, and brought the flap together by sutures of the same material. In this instance, the ends of the wires were cut close to the vessels, whilst in the first case the wire was allowed to hang out with the other ligatures. Wet lint was applied as in the first case.

CASE 3. *Injury to Hand and Forearm; Amputation of the Arm.*—A man aged fifty-three years, sustained an injury to his left hand and forearm, which was followed by complete disorganization of the tissues, through an attack of erysipelas, especially in the forearm. He had been in the hospital three or four days, and Mr. Erichsen now amputated through the arm above the elbow by means of a double flap. There were a number of vessels to tie, which were ligatured with silver wires cut close, and the flaps adjusted by sutures of the same material. In this and the previous instance, the wires around the vessels necessarily remained in the stump. In these three cases, linen retractors were used, heretofore seldom employed in this hospital; but, in using the saw, the bone-dust becomes imbedded in the flaps; and, if it is desirable to get union by adhesion, it is well, Mr. Erichsen remarked, to employ them.

CASE 4. *Disease of Tarsus; Syme's Amputation at the Ankle-joint.*—The patient was a boy of twelve years, with disease of the right tarsus of an incurable nature, for which Mr. Henry Thompson thought Syme's amputation more suitable than Choparts operation, especially as he had to earn his living. This was, therefore, done, strictly in accordance with the rules laid down by Mr. Syme, and more expeditiously than we remember ever to have seen it before. The flap formed by the heel was most evenly adjusted, and promises well for the future. This operation Mr. Thompson has performed several times with results in the highest degree gratifying, because in none was there any sloughing of the heel, owing to rigid adherence to Mr. Syme's rules.

CASE 5. *Syphilitic Disease, and Disorganization of Leg and Knee from Erysipelas; Amputation of the Thigh.*—In October last, a poor girl was admitted with an old syphilitic ulcer in the left popliteal space, which had matted all the neighbouring tissues together in a previously contracted joint. In February, Mr. Thompson had straightened the limb by simple extension, and the patient went out relieved. He, at that time, divided the three hamstring tendons; the result was good, but afterwards erysipelas occurred round the knee. The state of the limb subsequently became so bad, that the only chance which offered to save life was amputation of the limb above the knee, which Mr. Thompson now performed, by antero-posterior flaps, at the lower third of the thigh. Previous to the amputation, under chloroform, the knee was found to be perfectly disorganized, with erosion of the cartilages. The patient was much emaciated. Very little blood was lost.

At the present time, all of these cases are doing well without any exception. There is some pain and tenderness in the second case, and the man is rather low; but there is no serious symptom. The subject of the fourth case was at first very weak; she, however, took stimulants well, and has greatly improved within the last few days, and eats mutton. In the fifth and last case, there has been no sign whatever of sloughing of the flap.—*Lancet*, Jan. 11, 1862.

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Successful Treatment of Severe Stricture by Continuous Dilatation.—The modern introduction of methods of internal division of stricture by Civiale, and the various other operations for splitting up the stricture or otherwise dividing it, have been much recommended, and successfully employed of late, by several hospital surgeons in lieu of ordinary dilatation. They have the advantage of comparative expeditious operation, and their novelty gives them interest. The perfect success of less ambitious and adventurous methods of treatment deserves, however, to be borne in mind in certain cases.

In the case of two patients recently admitted together into the above hospital, under the care of Mr. Ernest Hart, with retention of urine, due to long standing strictures much contracted, the contraction of the urethra was overcome, and the passage fully dilated within nine days, by continuously retaining a catheter once passed.

The first case was of four years' standing, and the patient had several times been the subject of retention. With great difficulty a No. 1 catheter was introduced. The surface of the urethra was rough, and there was a false passage, which had been made a few hours before admission. Sedative medical treatment was employed, and the catheter retained permanently in the passage. It was withdrawn after thirty hours, being then very loosely held in the urethra. A No. 3 catheter was then easily introduced, and similarly retained *in situ;* and on the ninth day the patient left the hospital, passing a large stream of urine, and was made an out-patient. A No. 10 catheter was passed by Mr. Hart with facility.

The second case was one of a very similar character. This simple plan of treatment met in these cases with all the success which could have been expected from any method. Some difficulty is occasionally found in comfortably and securely retaining the catheter *in situ.* For this purpose it is customary in Edinburgh, and with many surgeons, to pass a roller round the waist and across each groin, as for bandaging the groin, and to secure the tapes of the catheter to the side pieces of the bandage.

In these cases Mr. Hart secured the tapes of the catheter by simply involving them with a strip of plaster carried circularly round the body of the penis. This plan is less troublesome in execution, and it does not in any way impede the movement of the thighs and body, which otherwise are very inconveniently restrained.

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Value of Valerianate of Ammonia in the Treatment of the more Severe Forms of Neuralgia.—The following cases of neuralgia, extracted from the case-book of Dr. O'Conner, are representatives of a large class of a similar character which have come under his care at the Royal Free Hospital. They illustrate the success attending the use of the valerianate of ammonia as a remedy in the severer forms of this malady. Dr. O'Conner informs us that this drug, if retained in a state of crystallization, rapidly decomposes, and is uncertain in its action. It should be kept in solution, and the smallest dose he is in the habit of giving of the latter is equal to twenty grains of the crystal.

Case 1. J. R——, a man aged forty-six years, a porter, unmarried, was admitted Nov. 9th, complaining of excruciating pain in the right side of the face, commencing near the malar bone, from thence extending to the nose, over the whole of the upper, and then to the lower jaw. He has been subject to the pain for ten years; it is generally most severe about eight o'clock at night, but he is never totally free from it. For the last week it has been most excruciating, and he has had scarcely any sleep. He has been under the care of many medical men, and sought advice at various institutions, without benefit. Dr. O'Conner ordered him a dose of compound powder of jalap to be taken directly, and a draught of three drachms of Bastick's solution of the valerianate of ammonia in infusion of calumba every three hours.

On Nov. 16th he again presented himself at the hospital, when he said that after taking two doses of the medicine the pain was considerably relieved, and that he had no occasion to have recourse to the remedy after the sixth dose. He is now well and free from pain.

CASE 2. P. B——, a married woman, aged thirty-one, admitted on the same day as the foregoing; has two children. For a number of years she has been subject to attacks of neuralgia, which come on generally about five o'clock of an afternoon, and continue with great severity for five hours. The pain seizes her first behind the right ear, extends to the nape of the neck, and back of the head, and frequently shoots with great rapidity along to the malar bone, then to the lower jaw; and she is suddenly seized with pain at the region of the heart. She is suffering from aortic valvular disease. At times the pains are so severe that she cannot bear the slightest blast of wind, and is obliged to roll herself on the floor. She was ordered three drachms of the solution of the valerianate of ammonia in infusion of calumba every three hours.

On Nov. 13th she was very much better; has had only three attacks since the 9th. The medicine to be continued.

23d. Has had no pain since the 18th.

CASE 3. R. P——, a married woman aged forty-two; has had eight children; works as a laundress; has suffered from neuralgia of the fifth pair on the left side for nearly twenty years, and has sought advice at many hospitals with only temporary relief. When the paroxysm is most severe the pain extends to the side of the neck and shoulder; it also causes deafness. She is obliged to go to bed, and cannot take any food, the slightest motion causing intense agony. For ten years back the paroxysms have been more severe and of longer duration. She was admitted, under the care of Dr. O'Conner, on the 13th of November, whilst in severe agony; had no sleep the previous night; her health is otherwise good: and the teeth perfectly sound. She was ordered four drachms of the solution of valerianate of ammonia, in infusion of calumba, to be taken every three hours; a dose of compound powder of jalap directly.

On the 27th she states that after a few doses of the medicine the pain diminished, and on the following day it entirely disappeared.

Jan. 8th, 1862. This woman became an out-patient from an attack of influenza. She states that since the 2oth of Nov. she has not had any return of pain.

CASE 4. L. C——, aged forty-nine, a married woman, admitted on the 20th of November. She has had nine children; has been for nearly ten years subject to severe attacks of neuralgia of the right side of the face, right eye, and the tongue. These paroxysms came on generally at eight o'clock in the morning and four in the afternoon, and as soon as she puts anything into her mouth she describes the pain as insufferable. Her health is otherwise good, and her teeth are all sound. She was ordered a draught composed of four drachms of the solution of valerianate of ammonia, in infusion of valerian, to be taken every two hours, and to be repeated oftener if the pain continues in its severity.

Nov. 30th. She states that since the 27th she has had sound sleep every night, and the paroxysms of pain only come on once a day, and then of much milder character. The medicine to be taken every six hours.

Dec. 14th. Has had no return of pain since the 1st, and now feels quite well.—*Lancet*, Jan. 18, 1862.

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Hysterical Movements of the Left Arm, cured by the Valerianate of Zinc.—Subjoined is an example of singular derangement of the nervous system in hysteria, manifested in continued movements of the arm and hand persisting during sleep. As the attack was quite recent, it readily yielded to the administration of valerianate of zinc. The short notes of the case were taken by Mr. G. M. Ashforth, clinical clerk.

We may here refer to another case of nervous disorder occurring in an elderly man admitted on the 17th of September, 1861, under Dr. Wilks's care, with lateral movements of the head towards the right side. He was a worker in the manufacture of black-lead pencils (an innocuous trade so far as the nature of the substances employed in it is concerned), and had been subject to these movements of the head for some years. He has had them sometimes when asleep; they appear to come and go, and are often worse when he is examined by any person. He was rather pale, and his general health was otherwise pretty good. Under the influence of the compound iron mixture three times a day, he so much improved that he left the hospital tolerably free from them. The chemical student will at once understand that in this instance the nervous malady was not attributable to the effects of lead, for there is none of that substance in plumbago, from which the black-lead pencils are made; it chiefly consists of carbon, with a small proportion of the protoxide of iron, silica, &c.

Mary T——, aged twenty-two, residing in Tooley-street, was admitted into Guy's Hospital November 16th, 1861. Has been ill four days, but had always been in good health, with the exception of an attack of typhus fever. Is unmarried, but was confined two years ago of a living child. Two weeks before her confinement she had a shaking of the hand, which went away during labour. Four days before admission, she was busy at work in haste to get it done, being a servant, when a violent shaking of the left hand and arm came on suddenly She did not feel any pain anywhere, and appeared perfectly well. She menstruated last week, after an interval of two months; she is seldom regular in her menstrual periods; bowels are regular.

She was apparently healthy on admission, but with bad cranial development; the forehead was low and small. The shaking of the hand is excessive. During sleep the movement continued, and often deprived her of rest; she is not subject to hysterical attacks. Urine pale, normal quantity; pulse 72: heart's action irritable. With some aperient medicine, she was ordered two grains of valerianate of zinc with extract of gentian, three times a day, and medium diet.

Nov. 17th. Bowels open five times; is better.

19th. Much improved; heart not so irritable; sounds normal.

20th. Hand is much quieter.

22d. Hand nearly quiet; can hold it out straight, with very little shaking.

26th. Is quite well; the arm and hand do not shake at all. Discharged cured — *Lancet*, Jan. 18, 1862.

The Influence of Arsenic on Albuminuria, in a Case complicated with Psoriasis and Lichen.—The tonic and antiperiodic effects of the liquor arsenicalis are well known in the practice of medicine. According to Dr. Anthony Todd Thompson, it determines to the surface, equalizes the circulation, excites the cutaneous capillaries, and improves the general action of the skin. Some months back we watched with considerable interest a case of acute renal anasarca, which became complicated with psoriasis and lichen, for which this solution of arsenic was employed, and with extremely beneficial effects upon the quantity of albumen in the urine.

The patient was a female, aged nineteen years, who was admitted into St. Bartholomew's Hospital, with acute renal anasarca of two weeks' duration, possessing all the usual characters of that affection, with the urine not only highly albuminous, but very smoky. For this condition she was ordered suitable treatment. About a month after her admission, an eruption of psoriasis appeared, associated with lichen, on the arms and hands, for which she was ordered five minims (afterwards increased to seven) of Fowler's solution, in peppermint water, three times a day. This was found to be of service, not only in dispelling the cutaneous eruption, but also in diminishing the quantity of albumen to such extent that it had almost wholly disappeared from the urine. In two months the eruption had much diminished, and was quite cured by the tenth week; and although the albumen had all but gone, it subsequently reappeared in very small quantity whilst taking the arsenic. Besides other treatment, she had alkaline baths and creasote ointment. She left the hospital comparatively well at the end of the twenty-fifth week, being much stouter and altogether looking a great deal better. The arsenic had acted evidently as a powerful tonic, and exercised a very decided influence on the albuminuria.—*Lancet*, Jan. 18, 1862.

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Arsenic in Chronic Pemphigus.—A good example of the specific efficacy of arsenic in cases of the chronic form of phemphigus, occurred a short time ago in the London Hospital in a case under the care of Dr. Ramskill. The patient, a boy of about eight, had suffered very severely from pemphigus for some months. He had been treated by tonics and good diet as an in-patient for about five weeks before the arsenical was given, and without any marked result. Immediately on the latter remedy having been prescribed, he began to improve. No flesh bullæ formed. In about a week he was free from the eruption, the crusts only remaining. Soon afterwards he left the Hospital, quite well in every respect. His general health, as is almost constantly the case. had greatly benefited during the course of arsenic. We have in former years repeatedly published cases in illustration of the power of arsenic over this intractable affection.—*Med. Times and Gaz.*, Jan. 4, 1862.

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Rare Case of Tetanus.—A boy died at St. Bartholomew's Hospital from slight injuries and a scratch recieved on the nose. terminating in tetanus. The injuries were caused by an attempt being made to strike him with a board, which unfortunately caught his nose and grazed it. The wound went on very well until Sunday morning; about midday he became worse, all the symptoms of tetanus set in, and he died on Monday morning about four o'clock.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The expediency of holding this year the meeting of our national medical congress is now under discussion. It will be recollected that the meeting which was to have taken place last year at Chicago on the first Tuesday in June, was, in consequence of the condition of the country at that period, postponed for one year. If the Association is to be called together this year at the regular time, the delegates should be elected without delay, and we would call the attention of medical societies and colleges to the subject. In an editorial in our respected contemporary, the *New York Medical Times* (Feb. 22, 1862), the propriety of holding the meeting is advocated. We must confess that we are rather inclined to an opposite opinion. It does not seem to us that the times are propitious for such an assemblage. So many members of the profession are engaged in the army, that those who remain in civil life cannot conveniently be spared from the scene of their labours; and not only, therefore, would the number of delegates present be small, but they would represent only a portion of our country. In another year a very different state of things we hope may exist, and then we trust the Association will once more be called together, that delegates from every part of the Union will then meet with the same cordial and fraternal feelings which have always characterized our reunions, and that henceforth the annual meetings will be regularly continued to perpetuity.

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Fatal Mistake by a Druggist.—We learn from the daily papers that the Hon. Wm. Pennington, of New Jersey, late Speaker of the House of Representatives, has fallen a victim to the carelessness of an apothecary. He was suffering from fever and was ordered eight grains of quinia. The druggist by mistake sent eight grains of morphia instead which was taken at a single dose with a fatal result. We have not learned what treatment was adopted when the mistake was discovered, but fear from the fatal result that belladonna was not employed, as from the evidence which has been published (see *American Journal of the Medical Sciences* for Jan. 1862, p. 54), as well as from other facts which have come to our knowledge, we feel convinced that belladonna and morphia are entirely reliable antidotes to each other.

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Cider in Diabetes.—Drs. Miller and Holmes reported to the Berkshire District Medical Society a cure of diabetes, in a man seventy-two years of age, by the use of sweet cider, after the disease had lasted three years. Dr. T. Childs brought additional testimony to the cure of true diabetes mellitus by the use of cider.—*Berkshire Med. Journ.*

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Large Amount of Fluid removed by Tapping.—Prof. Peaslee recently performed the operation of tapping on a young lady at Pittston, Pa., and removed *one hundred and forty-nine pounds and three ounces* (149 lbs. 3 oz.) of dropsical fluid. The abdominal circumference of the patient before the operation was *six feet and two inches*. This is the same patient from whom Dr. Peaslee removed *one hundred and thirty-five pounds* of fluid (135 lbs.), on the 29th of April last. The circumference then was five feet seven inches.—*Am. Med. Monthly.*

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Lethean Patent.—Dr. W. T. G. Morton recently instituted a suit in the U. S. District Court of New York, against the New York Eye and Ear Infirmary, for infringement of his rights as patentee for the exclusive use of ether in surgical operations. After full discussion, Judge Shipman announced (Jan. 30th) that he had come to the conclusion that the patent was void, and that the subject matter, under the circumstances. was not patentable. He therefore directed the jury to find a verdict for the defendants.

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Rush Medical College.—At the annual commencement on the 5th of Feb., of the present year, the degree of M. D. was conferred on 35 members of the class.

FOREIGN INTELLIGENCE.

Death from Inhalation of Chloroform at Lisbon.—For the benefit of those who collect such accidents, we just allude to this unfortunate case, which was observed at Lisbon as far back as 1859. It is reported in the *Journal de la Société, &c. de Lisbonne*, and quoted by the *Gazette Médicale de Paris*, 4th Jan. 1862. The patient was a feeble subject, who was to have two cysts, one of the lid and the other of the tongue, removed. Two drachms of chloroform were poured on some lint, and hardly had he begun to inhale than he was dreadfully excited. Immediately on the subsidence of the convulsive movements the patient fell into a collapse, and had three violent *fits of sneezing*, upon which the heart ceased to beat. Breathing took place several times afterwards, at long intervals, and at last completely stopped. It was the first case at the San Jozé Hospital.

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Local Anæsthesia.—Dr. FOURNIER has addressed to the Academy of Sciences a paper on the subject of Local Anæsthesia, and details a new process for its production, which is called "Chloracetization." His method for producing local insensibility to pain is that of exposing the part to be acted on to the fumes of a mixture of acetic acid and chloroform. "If," he says, "in a room, the temperature of which is upwards of 63° Fahr., the mouth of a thin glass bottle, half filled with a mixture composed of equal parts of pure crystallizable acetic acid and chloroform, be exactly applied to a clean and healthy skin, not deprived of its epidermis, and if this phial be constantly maintained at the temperature of the hand, complete anæsthesia of the part included by the orifice of the bottle will be attained." M. Fournier proposes to utilize this discovery for surgical purposes by directing the vapours of the chloro-acetic compound upon the parts to be rendered insensible to pain by means of a retort, the rest of the limb being protected by diachylon plaster from the benumbing action of the anodyne emanations; and suggests the employment of his method in those cases where general anæsthesia may be deemed inadmissible.—*Lancet*, Jan. 4, 1862.

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Potassio-tartrate of Iron in Rheumatism.—Rheumatism is one of those affections which at times resist all the ordinary modes of treatment in use, though occasionally it will readily yield to a remedy not commonly employed in that affection. This result we have observed in a case under Dr. Willshire's care, in the person of a somewhat pallid girl, Frances S———, aged twenty years, who was admitted on the 26th November last, with rheumatism of an erratic character, the pains flying about, as it were, to various parts of the body. To this she had been subject for the last three years, and nothing seemed to produce any marked improvement; she was, therefore, ordered a mixture containing the potassio-tartrate of iron, which has produced a decidedly beneficial effect in a short period of time, the pains having become gradually diminished, but not as yet wholly gone, and her health is better. Although pale, she has always menstruated with great regularity. In obstinate and suitable cases, this excellent preparation of iron should be borne in mind.—*Lancet*, January 11, 1862.

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Mode of destroying the Taste of Cod-liver Oil.—M. MARTIN tells us that there is a simple way of being rid of the nauseous taste of cod-liver oil, viz., by slowly swallowing half a glass of an artificial chalybeate, made by macerating a few rusty nails in water. The bitter, rancid, disagreeable taste of even the most nauseous specimens of cod-liver oil is at once converted into the agreeable flavour of oysters or fresh shell fish.—*British Med. Journ.*, Dec. 7th 1861.

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Prevalent Diseases in Paris and London.—In the *Gazette des Hôpitaux* of Jan. 26th, it is stated that a general epidemic of *la grippe* prevails at present in Paris, but which presents the same phenomena as other epidemics of the same malady.

In the *Med. Times and Gaz.* of Feb. 1, it is stated that the atmospheric conditions are very unfavourable for health. "Cold, damp, and fog, loaded with organic vapours not only have produced a notable influenza here, but have raised the sum of mortality from all diseases whatever. Scarlatina and diphtheria are very prevalent; croup, whooping-cough, and continued fever have nearly doubled their ravages during the last week, and consumption and every other disease exhibits a high rate of mortality. We see scarcely any deaths ascribed to influenza simply, yet it is very prevalent, and in some cases associated with unusual symptoms of gastric complication. In one family which has come under our observation, out of sixteen inmates, ten have been ill; each seized in succession quite suddenly with vomiting, headache, shivering, great prostration, and pain in the limbs, and severe and catarrhal symptoms. Each case lasted in its severity about five days. In this house there was reason to suspect that sewer vapours had a share in the production of the mischief. From inquiries we have made, we have reason to believe that influenza is at present more prevalent among the classes in easy circumstances than among the poor.

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Increase of frequency of Croup in Paris.—M. Roger, after giving a statistical account of this affection as observed in the Hôpital des Enfants, Paris, since 1820, comes to the conclusion that it has prevailed, during the last six years, from 30 to 100 times more frequently than it did forty years ago. It is true that, in the meantime, the population of Paris has doubled, and that the success which has attended tracheotomy has caused many additional infants to be brought to the Hospital; but still these causes will not explain the great increase of diphtheritic affections during recent years. With respect to the results of tracheotomy, of 164 operations performed in 1859, 40 were successful; of 130 in 1860, there were 23 successful; and of 82 in 1861, there were 25—the mean success for the three years having been 24.68 per cent., a figure almost identical with that furnished by MM. Roger and See's statistics in 1858. At the Hôpital des Enfants, therefore, one-fourth of the patients attacked by croup are cured by operation; but if we take into account desperate cases which are not operated upon (about a ninth of the total of cases), the total number of cures becomes reduced to 19 or 20 per cent.—*Med. Times and Gaz.*, Jan. 4, 1862, from *Gaz. Hebdom.*, No. 50.

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A New Domestic Poison.—Benzole is an organic product of distillation which ranks high amongst the recent useful gifts of chemistry to our national industry. It has lately come into extensive use for a variety of purposes, and has not hitherto been considered poisonous. A recent death has given occasion to investigations which prove that it is highly poisonous. At the inquest on George Gilbert, who died on the 3d instant, it appeared that the deceased, after sucking at a syphon which did not draw, inhaling the vapour of the benzole, and probably swallowing a portion of it, became sick and drowsy, his pulse feeble, and countenance livid. Dr. H. Barker was called to him, and he was treated with stimulants, but died in a few hours. The symptoms were those arising from the inhalation or swallowing of a noxious fluid. There was no trace of irritant substance in the stomach, nor had it any smell of bitter almonds. The brain, lungs, and liver were congested, and there were some patches of congestion on the coats of the stomach. The head had a slight smell of bitter almonds.

The Coroner very properly ordered an adjournment, so that the real character of an article in such general use might be ascertained. This purified benzole, nitro-benzole, or myrbane, was found to contain a large proportion of prussic acid, and hence to be a very dangerous poison. This cannot be too widely known, since the substance is largely used as a flavouring agent.—*Lancet*, Jan. 25th, 1862.

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Explosive Paraffine.—As this oil is extensively used in this country, the following easy method (made known by Mr. W. Herapath) of ascertaining whether or not any specimen is explosive and consequently dangerous, should be widely known to the public:—

Let two or three drops of it be allowed to fall upon a plate or saucer, and apply to them a lighted match; if the flame spreads over the surface of the drops, the oil should on no account be used, as it will under many circumstances prove explosive. The genuine paraffine or petroline will not burn except upon a wick.—*Med. Times and Gaz.*, Jan. 18, 1862.

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Temperature and Ventilation.—"Generally speaking," says the *Siècle*, "during winter, apartments are too much heated. The temperature in them ought not to exceed 15° Centigrade (59° Fahrenheit); and, even in periods of great cold, scientific men declare that 12° or 14° had better not be exceeded. In the wards of hospitals, and in the chambers of the sick, care is taken not to have greater heat than 15°. Clerks in offices, and other persons of sedentary occupations, when the rooms in which they sit are too much heated, are liable to cerebral congestion and to pulmonary complaints. In bedrooms, and particularly those of children, the temperature ought to be maintained rather low; it is even prudent only rarely to make fires in them, especially during the night. In addition to keeping up only a moderate temperature, the windows of all rooms, whatever the weather, ought to be opened for a time every day, so as to renew the air."—*Lancet*, January 11, 1862.

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The proposed New Edition of the French Pharmacopœia.—The French Codex Medicamentarius, displacing that which had been ordered to be framed by the Parliament of Paris in 1748, appeared in 1818, and the new edition of this which was published in 1837, is the present French Pharmacopœia. Twenty-four years having thus elapsed, it has been deemed quite time to issue a new edition, and a committee has just been appointed for its preparation. As a palliative for the confused state of things in the absence of authorized formulæ of new medicines and improved procedures, the pharmaciens were authorized, in 1850, to sell or prepare any preparations which had become authorized by the Académie de Médecine, publishing their formulæ in its *Bulletin.* The committee consists of MM. Dumas, Inspector-General of Superior Instruction; Grisolle, Professor of Materia Medica and Therapeutics; Regnault, Professor of Pharmacology; Tardieu, Professor of Legal Medicine; Wurtz, Professor of Medical Chemistry; Bussy, Professor of Chemistry; Chatin, Professor of Rural Botany; Guibourt, Professor of the Natural History of Medicinal Substances; and Lecanu, Professor of Pharmacy. To these are conjoined three members of the Academy of Medicine—MM. Robinet, Boudet, and Gobley; and two Paris pharmaciens—MM. Mialhe and Mayer.

By order of the Minister of Public Instruction, MM. Trousseau and Bouchardat have been added to the above committee.

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Life Assurance in France.—From the tenour of a paper inserted in a recent number of *L'Union Médicale* (1862, No. 2), with the entire approbation of its editors, it would seem that some members of the profession in France regard the duty of the medical practitioner with respect to replying to the queries of assurance offices in a somewhat extreme light. With us, the question has only been as to the payment for the information afforded, such payment now being generally admitted as due from the offices. In France, however, they are questioning the right of the offices to ask the questions at all, and of the medical practitioner to reply to them; maintaining that, even with the candidate's own permission such information should not be afforded, it being often requisite to keep secret, even from our patients themselves, our exact opinion as to their maladies and prospects of living. The objectors, too, seem to have little faith in the promises of secrecy on the part of the companies, believing that a man who has been refused will always find out the part his attendant has had in the result. This is perhaps more likely to happen in France, since it seems to be sometimes there the practice for the candidate himself to forward the queries to his attendant, and even to wait for the reply in some instances. It is argued that the entire *onus* of proving the assurability of the life proposed should be thrown upon the medical officers of the companies.—*Med. Times and Gaz.*, Jan. 18, 1862.

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Village Hospitals.—It is satisfactory to hear of the continued success of the experiment made in the village of Cranley, near Guildford, in Surrey, in the formation of a village hospital: not a fine establishment, with a noble-looking building and a large administrative staff that eat away all the money; but a simple cottage, with half a dozen beds, one good nurse and general servant. This excellent institution was commenced in 1859 by the medical officer, Mr. Napper, working in conjunction with the clergyman of the parish, the Rev. J. H. Sapte, who is the visitor and manager, and who has generously provided the cottage. One very important feature of this hospital is that the patients pay a weekly sum, the amount of which is dependent on their circumstances, thus avoiding the pauperizing influences of a mere charity and the strain on the pockets of alms givers. Of course some supplementary aid is required, but the expenses of this institution are so light, that a very small subscription amongst the neighbouring gentry is sufficient for the purpose. This cottage hospital, as we have said, is fitted up with six beds, and during the year ending Oct. 1861, twenty-three cases were received and treated, many of them entailing amputations and other operations of a severe character, the majority of which did well. Those who are acquainted with the working of our hospitals in large towns know that one great drawback is the impurity of the atmosphere. Persons coming from the pure air are always liable to suffer in health from the foulness of that of large cities, and patients taken from the breezy country downs do not find themselves in the happiest atmospheric conditions when transplanted into the wards of a great metropolitan hospital.—*Lancet*, Jan. 18, 1862.

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Benefactions to Hospitals.—Madame Jenny Lind Goldschmidt, on leaving Bristol recently, inclosed a check for £310 18*s*. 2*d*., being the proceeds of a concert, to the mayor, with the request that he would distribute it in equal moieties between the Bristol Royal Infirmary and the Bristol General Hospital. Mr. Crawshay, of Montague Street, Russell Square, has presented a donation of £500 in aid of the funds of St. Mary's Hospital. The late Henry Batten Pool, Esq., of Road, has bequeathed to the Bath Eye Infirmary £1000; to the Bath United Hospital, £1000. The late Mr. Joseph Garnett, of Newcastle-upon-Tyne, has bequeathed legacies to the following charitable institutions of the town and district: the Infirmary, £500; the Dispensary, £250; the Eastern Free Dispensary, £250; the Eye Infirmary, £250; the Lying in Hospital, £250; the Fever Hospital. £250; the Northern Institution for the Deaf and Dumb, 200; the Royal Victoria Asylum for the Blind, £200; Gateshead Dispensary, £250.—*Lancet*, January 11, 1862.

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Suicides in France.—The average number of suicides each year in France, according to the *Annuaire Encyclopédique*, is 3899, of whom only 842 are females. It is in April, May, June, and July, that they are most frequent; and the age of the greatest number of persons committing them is from forty to sixty. Of the total, 2833 are accomplished by strangulation or drowning, 271 by suffocation with the fumes of charcoal, 395 by firearms, 153 by sharp instruments, 110 by leaping from high places, 98 by poison, and the rest by different means. —*Lancet*, January 11, 1862.

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Fees for Medical Attendance in Paris—The correspondent of the *Lancet* in a recent letter gives the following interesting information on this subject.

"The Paris fees range from two and a half to forty francs per visit. The hard-working general practitioner, whose functions comprise everything, from the prescribing of a tisane up to the application of the forceps, is very commonly obliged to accept the first-named slender remuneration in payment of his diurnal "iter," whilst MM. Andral, Trousseau, Velpeau, and I may say all the "celebrities," are entitled, by custom, to the sum of two Napoleons as the consultation fee. The social position of the French "médecin du quartier," answers pretty accurately to that of the family apothecary in England, barring always the matter of dispensing, which, as you are well aware, is unknown in this country. Certain physicians and surgeons have, it is hinted, their own favourite chemist, and malicious report, of course, adds that a portion of the drug profits somehow does not find its way into the pocket of the "pharmacien;" going, no doubt, into that same mysterious limbo which contains the lost pins and dead postboys of creation. One great advantage possessed by the Paris practitioner over his London *confrère*, consists in the comparatively narrow area which the former has to traverse. Owing to the horizontal package of the population in flats, and the ranging of families tier over tier, like herrings in a barrel or passengers in an emigrant ship, the ground room occupied by several hundreds of people is reduced to something inconceivably small; and each house represents numerically the equivalent of a street on your side the channel. I was informed, some time ago, that one of the large habitations on the Boulevard de la Madeleine, afforded lodging to upwards of forty families. It is easy, therefore, to conceive that an immense saving of time and economy in carriage hire must result from the prevalence of this system of building. In the matter of obstetrics, the fee for each accouchement varies from 25 francs (which is, perhaps, the lowest paid to the *man* midwife) up to 600 francs or £24, which is, with few exceptions, the highest claimed in any ordinary case. Surgical operations constitute the branch of practice in which the greatest latitude is allowed. I happen to know of two cases, one that of a common boil on the lower lip, and the other that of a fistula in ano, in which the ordinary operations were performed, and for which, in the first instance, 1000 francs (£40), and in the second, 5000 francs (£200), were claimed, both sums being paid without demur or expostulation on the part of the patients or their friends Amongst the English practitioners (now about fourteen in number) established in this capital, a standard somewhat higher than the French average prevails. The consultation fee is 40 francs; that for a single and casual visit, 20 francs; and during a prolonged attendance, 10 francs."

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Diagnosis applied to Fees.—A Paris Physician dismissing from his consulting-room a well-dressed gentleman, the latter slid a piece of money into his hand. The old practitioner immediately diagnosticated by its weight that it was but a piece of 2 francs, however suitable its size might have seemed. He took no notice of the circumstance, nor even looked at his fee, but returned it, quietly observing, "You have made a mistake, sir, you do not owe me 40 francs, but only 20."—*Med. Times and Gaz.*, Feb. 1, 1862.

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Prof. Riberi of Turin.—This eminent surgeon died very rich. He was born of poor parents. By his surgical abilities, he was made professor of clinical surgery at 32. He was the friend and physician of Charles Albert, and was with him at his death. He also obtained the confidence of Victor Emmanuel. His reputation was very extensive. He was unmarried, and devoted all his time to study and practice. He is said never to have gone but once to a theatre. The greatest part of his large fortune was devoted as legacies to different medical charities. He left an annual sum of 2,500 *francs* to the Hospital S. Giovanni, to keep up the surgical anatomical museum which was there founded a year ago at his cost. He established a bursary for a student of medicine of the valley of Stroppo, his native place; also a rental of 1,000 *francs* to be given every twenty months to the most deserving member of the military sanitary corps; also a triennial prize of 20,000 *francs* to be awarded by the Medico-Chirurgical Academy; and numerous similar legacies. The remainder of his fortune—a million of *francs*—falls to his nephew, a law-student. His funeral, very different from his simple mode of life, was splendid; the municipality of Turin gave him the same honours as they gave to Cavour, decreeing the fixing of a marble tablet over his dwelling, and a grant of land for his burial-place. A national subscription is now opened for the erection of a monument to him.—*British Med. Journ.*, Dec. 14, 1861.

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Obituary Record.—Died in London, Jan. 9th, 1862, Henry Davies, M. D., in the 80th year of his age. Dr. D. was esteemed, in his day, one of the most eminent obstetricians and private lecturers on midwifery in London.

—— in Edinburgh, on the 31st December, 1861, Andrew Fyfe, M. D., Professor of Chemistry in King's College, Aberdeen, and author of "Elements of Chemistry," in the 71st year of his age.

—— at Bayswater, Jan. 16th, 1862, of bronchitis, aged 76 years, James O'Beirne, M. D., Surgeon Extraordinary in Ireland to the Queen, Ex-President of the Royal College of Surgeons of Ireland, and well known by his work on Defecation.

—— at Paris, on the 15th Jan. 1862, of arteritis, F. J. Moreau, Senior Professor at the Faculty of Medicine of Paris, and one of the most highly respected accoucheurs of that city, aged 72 years.

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CLINICS.

CLINICAL LECTURES.

Notes of a Clinical Lecture delivered at St. Bartholomew's Hospital, Jan. 25, 1862. By James Paget, Esq., surgeon to the hospital.

The Use of Chloroform in Straightening Contracted Joints.—In to-day's Lecture Mr. Paget adverted to the practice of straightening stiffened joints, the patient being under the influence of chloroform. There were, he said, two classes of cases:—In one this method was adopted to rectify deformity, in the other to prevent it. In the latter when the disease was still in progress, and in the former when the effects only remained. We should, however, be careful not to attempt this in cases in which there are signs of acute inflammation, nor in cases in which the patients had been found liable to recurring attacks of inflammation. In cases, also, in which the joint contains fluid, or in which the skin is firmly bound down over it, this plan should not be tried. In those in which active disease has terminated, there might be distinguished two kinds of cases. First, those on which stiffness depends on effusion and adhesion of the ligaments and tendons external to the synovial membrane. Of this a good example was then in Darker Ward, one in which the success of the treatment was well shown. The other and more common class of cases was those in which changes had taken place in the true joint itself. In these cases it was

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true that gradual extension would obtain the same end as the forcible extension under chloroform; but the great length of time taken up (months, or even years), was a great drawback to it.

The cases in which forcible extension should not be tried, Mr. Paget recapitulated, were: 1. Those in which the inflammation was apt to recur. 2. When the change had been of very long standing. 3. When there was a strongly-marked diathesis (strumous, syphilitic, etc.). 4. When the skin was involved and adherent over the joint—soundness of skin being an essential condition.

There were other cases in which from rigid muscles a joint would be contracted—there being no affection of the joint itself This occurred after a blow on a joint, which, however, did not produce any inflammation, or in cases where the bone near a joint was fractured, without, however, producing any disease of it. In these cases, under chloroform, the contractions were reducible almost by simple extension, no force being required.

In cases of old-standing dislocation, when reduction was otherwise impossible, it was justifiable to attempt reduction by violence, the patient being under the influence of chloroform.

Phosphorus Necrosis.—Mr. Paget then spoke on the subject of phosphorus necrosis of the jaws, in reference to two cases then under his care, one of the upper, and another of the lower jaw. He first read Mr. Vernon's report of the case of necrosis of the lower jaw. The patient was twenty years of age. He was admitted at first, under Mr. Stanley's care, in November, 1860. Except for the disease for which he was admitted, and which began three months before admission, he had generally had good health. His occupation was that of a wax vesta maker. The first symptom he had was toothache. The tooth was drawn, with relief to the pain, but a week later a small piece of bone became bare, and the disease then, without pain, extended rapidly, the teeth of the lower jaw becoming loose. When admitted, his face was swollen and œdematous-looking; his teeth loose, and there was a profuse purulent discharge. The patient was a long time in the hospital, was well fed and cared for, but the operation was deferred as he had disease of the aortic valve. It was not considered wise to give him chloroform, and it was doubtful whether he could bear so severe an operation without it. In this opinion Mr. Paget then agreed; but as the man had not materially improved, and as the patient was evidently suffering very much, it became a question whether it would not be well even to run the risk of chloroform. Mr. Paget, therefore, a few weeks ago, operated. He removed the whole of one-half, and a considerable part of the other.

The next case, reported by Mr. Southam, was one of singular interest, from the unusual manner in which the exposure to the fumes had taken place. The patient was a man aged 34, whose business did not in any way bring him in contact with phosphorus. He had never had syphilis, had not taken mercury, and had, until his present illness, always been healthy, except that he had suffered much from "nervousness." He had, it seems, attended some popular lectures on nervousness, and heard that phosphorus was "good for the nerves." He was told, at the same time, how to prepare it. He was to distil phosphorus into a jar of water. He did this very assiduously, and was in consequence very much exposed to the fumes of phosphorous acid. After three or four months the first symptom, toothache, appeared. One tooth was drawn, and he soon after had discharge from the socket. He soon lost all the teeth in his upper jaw, and had discharge from all the sockets. On the appearance of this symptom he took the phosphorous solution more assiduously than ever. He was admitted, under Mr. Paget's care, in November last. He then had profuse discharge, much swelling of the face, separation of the mucous membrane of the jaws and palate, and great loss of health. There was then no healthy boundary to the necrosis, and he was, therefore, persuaded to leave the hospital for a time, in order that the dead bone might be more completely separated. He has recently returned with the change anticipated, the right upper jaw being quite loose, and the left nearly so.

In this case there was a special interest in the fact that it was an exception to the almost absolute rule that the disease only occurred in lucifer match makers Lucifer-match makers were hard worked and were kept in a bad atmosphere, and to this, and not to the phosphorus, some had attributed the disease. Any one long enough exposed to the fumes of phosphorus suffered from necrosis of one or both jaws, and the majority employed in the manufactories suffered at one time or another from this disease. But there were certain conditions which were necessary before a person became liable to suffer. So long as the mucous membrane was intact, and the teeth sound, there was no mischief. This had been carefully ascertained, and was quite certain. In one of the large German manufactories it had been found that if the workmen had broken or decayed teeth, gumboils, or anything which bared the periosteum, they became liable to suffer, and this was confirmed by experiments on animals. It was found that if healthy rabbits were kept in a chamber into which the phosphorous fumes were admitted, no disease of the jaws followed. If, however, their teeth were broken, or if in any way the periosteum were exposed, then they began to suffer. Thus, then, it may be accepted as a well-ascertained fact, that unless the phosphorous fumes come in contact with the periosteum, the disease is not produced.

The manner in which the fumes produce necrosis is also singular, unlike other caustics, as for instance nitric acid. It does not act merely locally, destroying what it touches, but it seems to affect more or less the neighbouring bone—part of it, or in time, the whole of it. There is no other substance which, when locally applied, seems to produce results over so large a space. Not unfrequently it would thus destroy the whole bone attacked, beginning first at a single point of bared periosteum, as the socket of a tooth after extraction. In this peculiarity of action, it appears to resemble less a mineral than an organic poison.

So far as has been at present ascertained, no bones except those of the upper and lower jaw have been attacked. Although of course, now and then, there must have been, as from accidental strumous disease, exposure of other bones to the fumes. The contiguous nasal bones never suffered, at least not primarily, but sometimes as a sequence to disease of the jaw bones. This curious choosing of certain structures shows that these bones have distinctive peculiarities, for which, by comparison of their texture with other bones, we cannot yet account. It was just as difficult to tell why mercury should affect the jaws more than other bones. It is the more difficult to explain why these bones should suffer from mercury and phosphorous acid, as they are not liable to be affected by organic diseases, as syphilis or gout.

In reference to the way in which the necrosis was brought about, Mr. Paget said that inflammation of the periosteum was the first step. He showed a specimen in which new bone had been deposited at many points, as a result of this process. This was a constant first effect, and new bone was always to be found, more in the lower than in the upper jaw. In a few—very few—cases the disease would stop here. Generally, however, the result was necrosis of the whole of the affected bone, and that, too, of the new bone as well as the old.

In the case of removal of the greater part of the lower jaw (the first case related), the periosteum of the remaining part of the bone was inflamed, and probably to some extent the necrosed bone might be replaced by new bone.

In a case of phosphorous necrosis, it was difficult to say, when once begun, how it would end. In some a limited part of the bone would separate, but in others the whole substance of the maxilla would become necrosed. Mr. Paget had observed that the patients were much disordered in health, but he would not venture to say that there was a special cachexia in this disease. There was, however, much more cachexia than was usual in local disease to that extent. The patients were peculiarly pale, sodden-looking, and exceedingly feeble. They were not thin, but looked as if the blood were deficiently red. There was generally also some bronchitis. It was a matter of inquiry whether the phosphorous acid acted as a poison in the blood—the necrosis being the local manifestation of it.

An important question was, Could the disease, by proper care, be entirely prevented? In some conditions of perfect ventilation, and great care as to the condition of the mouth in those exposed, no doubt it could. Since 1847, in the manufactory at Nuremberg, only one case had occurred in fourteen years. This improvement was due to perfect ventilation, great cleanliness, and inspection of the teeth. It is whilst dipping the matches that exposure to the fumes occurs It is necessary that the fumes should, as much as possible, be blown away from the workman. No one with broken teeth, gumboils, etc., should be allowed to work at dipping the matches.

The allotropic phosphorus does not fume, and thus, so far as the health of the workmen is concerned, it is better. It is, however, more expensive, and more liable to take fire. It is to be regretted, Mr. Paget said, that similar regulations to those in the German manufactories are not adopted in England.

In treating this disease when established, we ought of course to advise removal from the influence of the fumes, fresh air and good diet, and thus hope to limit the necrosis. Is it advisable, when the necrosis is limited, to cut it out? Mr. Paget believed it was; but it was necessary to be cautious in taking for granted that the necrosed part was the only part diseased There might be periostitis, the earlier stage of the disease, beyond, so that by the removal of the necrosed bone it is not clear that we should relieve.

After removal in these cases, the repair is very remarkable. In the case of the boy in Darker Ward there was a very large quantity of new bone in the position of the ramus and body. Mr. Paget said that he had seen no case in this disease in which death had occurred, but it would sometimes prove fatal by exhaustion and the supervention of phthisis.

Case of Disease of the Hip-joint in an Early Stage—Death from Typhoid Fever—Examination of the Joint.—One of the cases in which he had employed chloroform for straightening the hip joint, a boy in Darker Ward, had died of typhoid fever. The case was an ordinary one of disease of the hip-joint, but being in an early stage, the specimen was a very valuable one, as it was rare to have an opportunity of seeing the early changes of disease of this joint; generally when an opportunity is afforded of examining it, the disease was very far advanced. Unfortunately, there was no complete history of the case. The symptoms were not unusual, and as the accidental termination of the case could not of course have been anticipated, no special notes had been kept. The boy had, it was said, suffered several months before admission. The limb was contracted chiefly from muscular rigidity, and when the boy was placed under the influence of chloroform it dropped nearly straight. A splint was then applied The boy went on well, had no pain, and was recovering. when he was attacked with typhoid fever, and died in forty-eight hours. Mr. Paget showed the intestines, in which the usual characteristic appearances were well marked. The heart also was malformed, there being an opening in the septum between the auricles; there was, too, strumous disease of the kidneys. The joint showed the disease in a stage in which it was exceedingly rare to have an opportunity of seeing it. It showed also that at this stage the disease was being arrested. During life there was apparent shortening to the extent of two inches; but this was all apparent, and due to inclination of the pelvis. On opening the joint, about six drachms of a turbid rust-coloured, serous fluid, containing flakes of lymph, escaped.

There was no pus; the capsule was sound, and there was no trace of ulceration. The synovial membrane over the capsule was almost healthy. There was a little lymph on its inner surface, and it had a pale, pinkish, rust colour, like that of a synovial membrane recovering. The stress of the disease had fallen on the articular end of the femur. It is held that in disease of joints, the synovial membrane may be first attacked, and then the diseased process spread to the cartilage, or *vice versâ.* Here probably, if one more than the other, the disease had begun in the end of the bone—in the proper articular layer of bone covering the cancellous texture. In a large number of cases in which ulceration of the cartilage was said to have taken place, it was really disease of this layer of bone to which the cartilage is fixed. The cartilage is not destroyed, but separated. Just as in suppuration and inflammation of the hand the cuticle is not destroyed, but is separated, so in the disease of the joint the cartilage is separated by ulceration of the bone beneath it. This layer of articular bone thus attacked has no bloodvessels and no Haversian canals depending for their nourishment on the cancellous bone, and is consequently worse nourished. In the specimen exhibited, the cartilage was detached, and the bone underneath was covered by vascular granulations.—*Med. Times and Gazette,* Feb. 15, 1862.

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Clinical Notes on Intemperance and its Prevention. By Robert Druitt, M. R. C. P.—The causes and prevention of intemperance well deserve the attention of medical practitioners. Not only because there is a large and influential body—the teetotallers—who absurdly accuse us of being the direct promoters of intemperance through our sanction to the use of fermented liquors as articles of diet, and as medicines; but because intemperance in its most lamentable form may be met with in all ranks, in the most refined as well as the lowest, and because it may spring from certain definite causes which it is within the province of medicine to cut off by the roots.

All hope of prevention lies in the doctrine that intemperance is a secondary, and not a primary vice; and that, although when once established it is the parent of a hideous brood of evils moral and physical, yet that it is itself a *consequence* of foregoing disease or error. Early in my professional life, circumstances led me to see and reflect much on it, and I now venture to write from the conviction that much good would result if the conditions which commonly lead to it were more systematically acknowledged and subjected to medical treatment.

The properties which cause alcoholic liquors to be abused are those exerted on the stomach, heart, and nervous system. They enable the stomach to deal with refractory articles of food, and abate the painful sensations of hunger. They quiet the perturbations of a feeble heart; and they modify the entire state of the nervous system. Especially, they alter the current of thought; they may be used legitimately to neutralize the effects of grief, and enable a man to work on undisturbed by fear and despondency; on the other hand, they may be abused for the purpose of stifling the warnings of reason and conscience, and enabling a man to live with self complacency in the midst of degradation and poverty.

The most cursory examination leads us to divide drinkers into two classes. First, the open, gregarious, convivial, riotous set, who indulge in the habit for the sake of pleasurable excitement, and of whom the majority are men. Persons of this class drink because they know of no better or more intellectual enjoyment; they are the victims of bad education and bad social customs. Medicine may assist in relieving them from the after effects, but can scarcely do much by way of prevention. That must be sought by improving popular education, and increasing the opportunities of healthy recreation.

The other class are the secret, solitary drinkers—most of them women. They deserve all commiseration, because they are dragged into the habit for the relief of miseries moral and physical, which medicine can do much to remove, and which I propose to consider in order.

First, there are such as concern the stomach. Dyspepsia in all its forms, more especially when aggravated by a scanty or unsuitable diet, is a great temptation. But there is one peculiar form or symptom of dyspepsia which is an almost overwhelming one. This is a feeling which may be described as bulimia—an intense, overpowering, sickening sense of emptiness, with ravenous desire for food or stimulants, and often some degree of vertigo. The frequency of this symptom renders it well worthy of attention, for its causes are most diverse, and its pathology can only be expressed by an indefinite reference to some morbid condition of the par vagum. It differs from ordinary hunger in the rapidity with which it comes on and its persistence after food. It is common in the stomach disorders of the youngest infants. Here it usually depends on liver congestion, and is relieved by proper medicines; although it is made the pretext, by nurses, for asserting that "the milk doesn't satisfy," and for cramming the unfortunate little patients with all sorts of solid food and stimulants, even including alcohol. A yellowish eye, red lips and tip of the tongue, frequent micturition, more or less constant restlessness with occasional fits of severe colic, and an insatiable craving for the breast, are the too familiar symptoms. In older children, it is a very common symptom of impending illness, from depraved secretions in the alimentary canal, and worms. In adults, it very often shows itself under similar circumstances. It may be caused by protracted fasting. I know a member of our profession, who went one night to sit up with a patient. He had been much hurried, and had lost his dinner, and on coming to the patient's house with an intense feeling of hunger, found no refreshment prepared for him, and, through *mauvaise honte*, did not ask. He passed the hours between eleven and five in the greatest uneasiness, with the sensation as if fifty rats were gnawing his stomach. That sensation never left him for two whole hours together for six months; during which he was extremely reduced by feeble digestion. He was finally cured by diet, but confessed that his craving for brandy was terrible, and that he might have been made a tippler. Salvatori, whom Dr. Christison quotes as giving in 1817 the earliest description of dipsomania, describes the same symptom. That which predisposes to intemperance, he says, is "a disordered state of the abdominal ganglionic system of nerves, allied to that which causes in children the ravenous appetite constituting the disease bulimia, and in adults the wide spread disorders we are in the custom of calling hypochondriacal and hysterical. Tapeworm brought on the craving for drink in nine out of fifty patients noted by Salvatori. That has never come within my experience; but the unnatural craving, or hungry dyspepsia, has been incessantly noted by me as an evidence of what is called congestion of the liver, and a forerunner of gouty and rheumatic attacks, and of those disorders which lead to headache and vomiting, and are vulgarly called bilious sick headaches. I attended for some years a girl who had about once a year an attack of rheumatism. Her heart was damaged, and she had mitral regurgitation. She learned by experience to know when her illness was coming on, for she had two premonitory symptoms: one, an eruption of patches of erythema on her elbows; the other, a most intense craving for food, and especially for drink. She would go down into the kitchen at night, and eat and drink everything she could lay hands on, particularly beer; and yet at other times her appetite was very indifferent. After the hunger and the erythema came pain in the ankles; then pain in the region of the heart, consolidation of the upper lobe of the right lung, and hæmoptysis. The significance of these facts in explaining periodic intoxication will be noticed hereafter.

This ravenous sense of hunger is remarkably common after circumstances which create great nervous exhaustion. I have known it after confinements. On one occasion a patient suffered a protracted confinement, and a milk abscess afterwards, and was brought into a state of nervous exhaustion. She was sleepless and irritable, but the chief symptom was the extraordinary demand for food, wine, stimulants, and opiates, and the tolerance of enormous quantities. Not an hour passed without beef-tea, wine, sandwiches, panada, or some other most concentrated nourishment, and a remonstrance was addressed to me by the family, lest I should be laying the foundation of intemperate habits. Her entreaties for the strongest opiates were curious. I have seen the same thing after surgical operations and accidents, and have known habits of intemperance to ensue from gratifying the inordinate sense of hunger attending the growth of a prodigious fibro-plastic (or sero-cystic) tumour of the breast. Grief may be attended with the same feelings, as I shall relate in order. What I want to insist on now is, that this feeling of emptiness is not mere debility, a physical result of loss of blood, or famine, for it may exist when the stomach is full; neither is it a healthy appetite intensified; but that it is a disordered sensation, a subjective hunger felt when there is no real emptiness; a neuralgia, in which the pain takes the shape of hunger, and is usually attended likewise by some degree of vertigo, or sense of cerebral faintness.

The tendency to such feelings is vastly increased by past habits of voracity and intemperance, and by everything which tends to make the stomach large. The voluminous and atonic bowels of women who have not been well bandaged after their confinements, are, to my knowledge, sources of danger on this score; for a big belly, like too large a house, must be furnished somehow.

So much for the stomach. As for the heart, it is often implicated in the conditions which give rise to intemperance, as well as in those after effects which are produced by long indulgence. But I do not think the heart is often primarily to blame.

Nevertheless, patients with hypochondriac symptoms often complain of their hearts, as for example in that set of symptoms which may be called "idiopathic terror." A poor woman is sitting quietly, when all at once an indescribable feeling of shock comes over her; something seems to flash through her brain which fills her with the most intense alarm; all the symptoms are identical with those of sudden fright, and amongst them are the pale face, the panting distended alæ of the nostrils, and the rapid tumultuous beating of the heart. In this, as in many other disordered states of the nervous system, the heart is intensely perturbed; but I have never satisfied myself that any primary disorder of the heart creates hypochondriasis, or the desire for drink. Both stomach and heart do so, only if they disturb the brain.

There are certain general states of bad health which create the tendency to drink, if it so happen that they affect the nutrition of the brain. It is an ultimate fact that in some states of intense debility the mind may be clear, vigorous, and cheerful. Persons dying of lingering disorders sometimes have fits of syncope, which seem as if they were going to end fatally, but pass off, and allow life to go on a little longer. Dying persons have told me their sensations A friend of mine who died after a very lingering illness told me a day or two before his death, that he had had a fit of faintness that morning; he had lost all consciousness of outward objects, but preserved his mind clear and calm, expecting every moment to be summoned into the presence of his Judge. He desired to die; and great was his disappointment when he found himself again becoming cognizant of the too familiar objects in his chamber. Life was here flickering at the lowest ebb, yet not a trace of mental depression. In other cases, on the contrary, the slightest deviation from vigorous nutrition induces great mental disturbance. Pain alone seldom does so, although neuralgia and chronic rheumatism sometimes create a demand for stimulants, through the exhaustion attendant on pain. sleeplessness, and hopelessness. But as for debility with mental depression, it is almost impossible to over-estimate its dangers. The miseries of the first walk during convalescence, or of the first entry into business, of being obliged to stand, and maintain an attitude of attention, when feeble and listless, are greater than those of any pain. Then there are the disastrous effects of bodily weakness on the mind; the peevishness and bad temper, the habits of procrastination, the shifty, deceitful tricks, and the false excuses coined to palliate want of punctuality. Weakness is more immoral than poverty itself. Add to this what is called *nervousness*, a kind of moral cowardice, and dread of seeing any new face, or beginning any new business. Consider besides that many diseases, especially of the malarious kind, not only rob the body of its strength, but leave the blood in a poisoned state, so that the hypochondriasis resulting from impure blood is superadded to the mental feebleness arising from bodily exhaustion.

In relation to this part of the subject it may be asked, What influence has the administration of wine in sickness in creating a morbid taste for drink during convalescence? For some years I have made it my duty to institute careful inquiries on this point, especially as to the fate of patients who have been rescued from fevers by enormous quantities of wine and brandy. My inquiries have led me to two positive conclusions. That any amount of wine may be given during an illness without leaving the slightest craving for it afterwards; that patients who greedily swallow it when ill, lose their taste for it when it becomes needless; and if they be vigorously treated and vigorously followed up, so as to be restored to good health, they are safe. But when patients are not treated vigorously, when they are left half-cured, when they are obliged to return to their work before their strength is fit for it, and then when some demon comes in the shape of a friend who recommends gin or beer without food, there is great danger that a habit of drinking may be created.

It is the common slander of the teetotallers that we make people drunkards by recommending them wine or beer when ill or weak. Again, there are few women tipplers who do not say they were advised to drink by their medical attendants. It is certain, therefore, that practitioners cannot be too cautious in defining the exact quantity of any alcoholic drink they may prescribe, and the exact times, and the food that should be taken with it—and this more especially in illnesses of a chronic and debilitating sort, as menorrhagia, abortion, and, above all, diseases arising from malaria, as ague and neuralgia, than which none make greater havoc of mind and body.—*Med. Times and Gazette*, Jan. 11, 1862.

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Clinical Lecture on two Cases of Typhus Fever.—Delivered at the Metropolitan Free Hospital. By GEORGE JOHNSON, M. D.

GENTLEMEN: I purpose on the present occasion to direct your attention to two cases of typhus fever which have recently been under my care in No. 4 Ward. Both cases, as we shall see, present some features of unusual interest, and I wish to bring these before you with as much distinctness as I can without dwelling with tedious minuteness upon unnecessary details. The following is an abstract of the history of the first case as recorded by my clinical clerk, Mr. Wiley.

Case 1. *Typhus Fever in a Man, Thirty-five Years of age, who for several Weeks had been Subsisting on a very scanty Diet—The Fever complicated with Albuminuria and Uræmia—Complete Recovery.*

C. L , aged 35, a writer by occupation, was admitted into No. 4 Ward on December 10. He states that his habits have been moderately temperate, and that he has had no previous illness. During the last two months he has been out of work and his diet has consequently been very scanty, with little or no animal food. He has been losing flesh and strength, and has gradually felt more and more ill, his memory has become impaired, and he has had a crushing pain in his head. It should be noted that in consequence of the impaired state of his intellectual faculties at the time of his admission, he was unable to give a clear and connected history of the origin and progress of his illness. When admitted, December 10, the general appearance of the patient was that of one suffering from continued fever—there was a look of oppression in the face, a peculiar slowness, hesitation, and indistinctness in his speech, there was, however, no delirium. The pupils were natural. The tongue was dry and the lips and teeth were covered with sordes. The pulse 98, feeble. Heart and lung sounds normal, except a slight rhonchus on the right side behind. There was no cough. The bowels were constipated. The urine was rather high-coloured, acid, sp. gr. 1016, and contained one-fifth of albumen. On standing it deposited a cloudy sediment in which were found numerous tube-casts entangling pus. There were some petechial spots on the legs, and on the chest and abdomen an indistinct rash which excited a suspicion that the disease might be typhus, but as there had been no case of typhus in the hospital for a period of four or five years, and as the rash, which at the time of his admission was not sufficiently characteristic to warrant a confident diagnosis, had entirely disappeared after two or three days, the opinion which I formed and expressed to you at the time was that the case was one of acute inflammatory Bright's disease with uræmia, but without dropsy. I have met with several instances of uræmia connected in some cases with acute and in others with chronic Bright's disease, the symptoms of which have so much resembled those of continued fever, either typhus or typhoid, that they have actually been mistaken for cases of fever. I shall presently state to you my reason for the belief that, contrary to the opinion which I originally formed, the renal symptoms, in the case now under consideration, were in reality a secondary result of the typhus poison. I will first, however, complete the history of the patient during his stay in the hospital. He was first ordered to have a Seidlitz powder and to take the following mixture: ℞ Sp. ammon. arom. ʒj, ether chloric ♏x, mist. acaiæ ʒj, aqua ad ℥j, 4tis hôris, brandy ℥vj in the twenty-four hours, and two oranges daily. To be dry-cupped on the loins every day. On the 14th, the following mixture was substituted for the ammonia: ℞ Quinæ sulphatis gr. j, acid phosphoric dil. ʒj, aqua ℥j ter die sum. His condition during the first five or six days remained much the same as on admission. On the 17th, it was noted that he was stronger. The dulness of intellect was much less marked, and the pulse had fallen to 74. The urine contained albumen one-sixth. On the 19th, he was stronger and much more intelligent and the albumen was reduced to one-tenth. On the 24th, he had continued to regain his intelligence, and there was a mere trace of albumen in the urine. On the 28th, there was no albumen; but again, on the 31st, a small quantity of albumen was found, and it did not finally disappear until after January 18. Before this, however, all his other symptoms had disappeared, and he was up and about the ward. On account of the coldness of the season we kept him in the hospital for some days after the urine had ceased to be albuminous, and he was at length discharged on January 25.

Before I make any further comment on this case let me give you a brief history of another which unhappily had a different termination. I shall condense the record which was kept by Messrs. Wood and Axford.

Case 2. *Typhus Fever caught while in the Hospital by a Man, Twenty-two Years of age, who was under Treatment for Acute Bright's Disease, and who occupied the next Bed to Case* 1—*Sudden and great Aggravation of all the Renal Symptoms*—

Death, preceded by Convulsions and Coma.

H. T., aged 22, a stone-mason, was admitted into No. 4 Ward on November 30, with general dropsy and albuminous urine, the result of acute Bright's disease, which appears to have been induced by exposure to cold about three weeks previously. The urine was at first scanty, contained a large amount of albumen (one-half), and microscopically was found to deposit oily and purulent casts. He was treated in the usual manner with the hot-air bath, a saline diaphoretic, consisting of liquor ammonia acetatis and vini ant. pot. tart., dry-cupping to the loins, and an occasional dose of compound jalap powder. He quickly began to improve: the urine became copious, as it invariably does when a case of acute Bright's disease is making satisfactory progress. The amount secreted in the twenty-four hours had increased from twenty-four ounces on December 3, to ninety-eight ounces on the 9th, and with this free secretion of urine there was a speedy decrease and disappearance of the dropsy. He was then (on Dec. 12) directed to take the following mixture: ℞ Tr. ferri mur. ♏xx, ammon. hydrochlor. gr. x, inf. quassiæ ℥j, ter die.

He continued to improve, and was allowed to be up and dressed. The amount of albumen varied somewhat from time to time, but on December 28 it was noticed to be one-seventh. At this time he was considered to be making good progress. On the 31st it was noted that he was not so well; he noticed that yesterday his urine became dark-coloured, as if from the presence of blood. In the evening headache and sickness came on, and these symptoms continue to-day.

On January 2 he was still seriously ill. There was pain in the head and in the loins, vomiting, and coated tongue. The urine was dark-coloured like porter, highly albuminous, and only thirty ounces were secreted in the twenty-four hours. Up to this time we supposed that the aggravation of the renal symptoms was simply a result of a chill which he might have got while he was up and going about the wards, and he was accordingly ordered to have a hot air bath. On January 4, the symptoms were worse, his tongue had become brown, and there was an indistinct rash on the chest. Two days afterwards this rash had become fully developed, it was unquestionably the mulberry-tinted, rubeoloid, typhus, rash, and it was thickly scattered over the chest and abdomen. The pulse had risen to 120. The bowels were relaxed; for this he had been ordered an enema of starch with tinct. opii ♏x, and to have brandy ℥vj. January 7.—He appeared somewhat better, the purging had ceased, but he vomited frequently, and no medicine, not even an effervescing draught, could be retained on the stomach. Omit medicine, continue the brandy and iced water. On the 8th the purging returned, and the opiate enema had to be repeated. On the 9th he was delirious, especially during the night. The urine had been passed with the stools, pulse 120. The typhus rash was still visible, though fading. He was sweating profusely. Brandy increased to twelve ounces. In the course of the evening of the 2d he had two epileptic seizures, then he remained in an unconscious state with his mouth open, the tongue brown and dry, the pupils much contracted. In this condition he continued until the afternoon of the 10th, when he had two more convulsive attacks, in the second of which he died.

On inspection twenty hours after death we found, as we had expected to find, that the kidneys were enlarged and much congested, one weighed 6¾ ounces, the other 7 ounces. The intestines were not ulcerated. The lungs were much congested. The brain was not examined.

Now, I have already told you that the precise nature of the disease in the case of C. L. had been somewhat doubtful. It was a question whether the disease was fever with renal complication, or whether the typhoid condition was a result of primary renal disease. The occurrence of the second case reflected back a light upon the first. No. 2, H. T., was in the bed next to No. 1, and as soon as it became apparent that H. T., after being a month in the hospital, had contracted typhus fever, it was pretty evident that the case of C. L. had also been one of typhus, and that from him the second patient had caught this infectious disease. The evidence upon this point is still further strengthened by the fact that about the same time that H. T. took the fever, the nurse who had attended upon the first patient fell ill with the same disease. She is now recovering, under the care of one of my colleagues. Here we have a good illustration of the very infectious nature of typhus fever. The first case that is admitted into our large and well-aired wards after an interval of years, quickly imparts the disease to another patient and to a nurse. Typhoid fever is infectious in a much less degree. It seldom happens that we have not one or more cases of this form of fever in our wards; yet it would be difficult to refer to a single instance in which typhoid fever has been communicated to a nurse or to another patient.

If the symptoms in the case of C. L. had been unequivocally those of typhus, I should probably have removed the man H. T. from the neigbouring bed to a distant part of the ward, and so perhaps I might have saved his life. I have long been convinced of the unusual risk incurred by those who, while suffering from Bright's disease, are brought within the influence of the morbid poison of typhus, or scarlatina, or erysipelas. It is a well-known fact that renal disease interferes with the elimination of such drugs as alcohol, opium, digitalis, and mercury, and so renders a patient liable to be injuriously affected by smaller doses of these agents than would act deleteriously upon a person whose excretory organs are healthy. It seems not unlikely from analogy that the system may sometimes be saved from the noxious effects of certain morbid poisons—that of typhus, or erysipelas, for instance—by the eliminative action of healthy kidneys; whereas, the same poison, impeded in its exit, in consequence of degeneration of these organs, would give rise to its usual specific effects; in other words, it is probable that a man with diseased kidneys is, *cæteris paribus*, more likely to contract typhus fever or erysipelas than another man whose kidneys are healthy. You see I am assuming the possibility of certain morbid poisons entering the system, and being again thrown out without giving rise to their ordinary specific phenomena; so that the excretory function of sound kidneys may ward off from their possessor an attack of fever to which, without such aid, he would have been liable. I wish you to distinctly understand that I put this only hypothetically. There is, however, another position in connection with this subject, which is neither hypothetical nor doubtful; it is this: that the pre-existence of any form of Bright's disease greatly aggravates the symptoms and increases the danger resulting from the acute specific diseases, such as typhus, typhoid, scarlatina, erysipelas. You saw how, in the second case which we have been considering, the renal symptoms were increased in gravity by the supervention of the fever; and you see the practical importance of preventing, as much as possible, the exposure of patients labouring under Bright's disease to the infection of typhus. It is with me a fixed rule never to allow a case of Bright's disease to occupy a bed near a patient who has an infectious fever. In the present instance the diagnosis was doubtful, and the rule, unfortunately, was not acted on. Let me remind you of the chief facts which made the diagnosis a matter of uncertainty. These are—1. The absence of delirium, which is so commonly present in typhus. 2. The indistinctness of the rash, which was clearly not that of typhoid fever, and only sufficient to excite a suspicion of typhus. 3. The non-occurrence of any case of typhus in the hospital for a long period.[1] 4. The evidence of an acute inflammatory disease of the kidney, such as appeared to account satisfactorily for the cerebral torpor and the typhoid condition of the patient. The case will, at any rate, serve as an illustration of the difficulty which sometimes attends the diagnosis between fever with renal complications and simple uræmia the result of Bright's disease.

Let me impress upon you the importance of a chemical and microscopical examination of the urine from time to time during the progress of typhus and typhoid fever. Renal congestion and inflammation, with albuminuria, are more frequently than is commonly supposed the cause of the early occurrence of drowsiness, and other formidable head symptoms in the course of these diseases. When, during an early stage of the fever, the urine becomes scanty and bloody or highly albuminous, there are three points of practical importance to which your attention should be directed. First. Give a guarded prognosis, for the complication is a serious one. Second. Give alcoholic stimulants more sparingly and cautiously than you do when the kidneys are unaffected, otherwise you may increase the renal congestion and with it the stupor and other cerebral symptoms. Third. With a view to lessen the congestion of the kidneys, counter-irritate over the loins, either by poultices of one part mustard to two linseed, or, perhaps, better by dry cupping repeated daily, or twice a day.

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[1] Since this lecture was given (January 14) two other cases of typhus have been admitted under my care, and the disease is known to be extensively prevalent in London.

For the relief of this renal complication during the progress of fever, whether typhus or typhoid or scarlatina, it appears to me that the practice of packing in wet blankets, carefully and judiciously carried out, is admirably adapted. I have hitherto had but a limited experience of this plan of treatment, but the results in the hands of others have appeared to be so favourable that I have determined on giving so obviously rational a proceeding a fair trial.—*Med. Times and Gaz.*, March 1, 1862.

HOSPITAL NOTES AND GLEANINGS.

Extraction of a Musket-Ball after being lodged three years in the Thigh.—A case of unusual interest is at the present time in the wards of King's College Hospital—one of gun-shot injury received three years ago in India. The subject of it is a young officer, who, when serving in India during the suppression of the mutiny, was wounded with, it was supposed, an ordinary musket bullet. He had on a thin dress at the time, and a little flap was found where the aperture of entrance was observed. The wound was carefully examined at once, but no trace of a bullet could be discovered. It healed kindly enough, until it terminated in the formation of a sinus. This latter had been carefully explored again and again by men of large experience; still the bullet was never found. A few days before his admission the sinus was examined by Mr. Fergusson, but the bullet could not be detected, nor any other material substance. The thigh was examined in all directions, without any satisfactory result. The patient was seen also by Mr. Hulke (who has had some experience of gun-shot injuries in the Crimea), who found no trace of a foreign body. Mr. Fergusson thought he would at any rate examine the bottom of the sinus, and therefore resolved to open it, with the chance of discovering some aperture, which could not at present be done with a probe alone. Knowing that the patient would be far better attended to in an hospital than elsewhere, he advised him to become an in-patient.

A few days after his admission—viz., on the 25th January—chloroform was administered by Dr. Sansom in the operating theatre, when Mr. Fergusson commenced his operation. After laying open the sinus, which was situated on the outer side of the left thigh, at about its middle, he found nothing remarkable; but when his finger was at the bottom of it, he was conscious of some hardness which was not natural, and thought it might prove to be a small piece of the bullet. This hardness was at the lower end of the sinus, and as soon as a hard portion of the size of a pea was divided, the finger readily and at once entered into a new sinus, which the probe could not have been passed into before. He now felt something rough, and with difficulty reached it. This substance, seeming to the touch like a bit of lead, was situated close upon the shaft of the femur, and near the branches of the crural nerve. He divided the cellular tissue upon it, and was enabled to isolate and extract it. It proved to be a piece of bone, of the size of a small marble, and not in a necrosed condition. On its removal, Mr. Fergusson found that there was a sinus behind it, which passed still deeper inwards. On searching the thigh externally with the fingers, and using a probe with a little force in this new sinus, he became aware of the presence of some other body, and thought there might be a bullet near the pelvis, below the left obturator foramen. He now went to the opposite side of the limb altogether—namely, the inner and upper part of the thigh close to the perineum, where he made an incision with a scalpel, and fortunately came upon an object, which he isolated, and after some manipulation extracted with a pair of forceps. This proved to be a large musket bullet, much flattened and irregular in its shape, which had been lodged for three years in the thigh, whilst the fragment of bone was a splinter no doubt knocked off by it, and possibly from the pelvis.

If one could have been certain of its locality beforehand, Mr. Fergusson remarked, it might have been extracted at once. Collateral sinuses were here present to a large extent, and for three years efforts had been made to discover some induration indicative of the presence of a foreign body, but without success until the present moment. Whilst the operator's finger was in the second wound, it passed between the great vessels of the thigh and the femur, a situation encompassed with extreme danger; and there seemed to be no doubt that the course of the bullet was through the space between the femoral vessels and the bone. He hoped that the case would do well without the occurrence of any inflammation or other drawback to prevent a good recovery, with the perfect use of the limb.

Feb. 1st. No untoward symptom has occurred since the extraction of the bullet; the two openings are freely suppurating, and the patient's general health is good.—*Lancet*, Feb. 8, 1862.

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Case of Epilepsy successfuly treated.—Amongst the great number of epileptic persons who attend the out-patient rooms of Dr. Brown-Séquard at the Hospital for the Paralyzed and Epileptic, nearly every form of the disease occurs, and singularly anomalous symptoms are observed. The seizure may have its precursory symptoms in contractions commencing in every muscle of the body. The fit was initiated in one boy, whom we saw there last week, by violent contractions of the abdominal muscles. Dr. Brown-Séquard referred to a similar case, in which the epilepsy was pointed out to him as probably due to an existing tenderness of the stomach. On examining this, it proved to be caused by considerable hypertrophy of the recti abdominis muscles, the physiological effect of increased action in their incessant spasmodic contractions. In other cases, the muscles of the bladder are first affected; and in a patient of Dr. Brown-Séquard so situated, the warning of the fit was given by a violent spasmodic contraction of the bladder two hours before the fit commenced. This was so violent that the urine was projected several feet from the body, and it was immediately followed by a deep and irresistible sleep. The muscles of the lower bowel have been suddenly affected in other cases, and here the motions are expelled with violence, and straining effort continues after the bowel is empty. In all these cases phenomena may be observed which seem to indicate the local and irregular disturbance of the circulation of the brain—irregular contractions of the arteries, causing congestion of one part and anæmia of another.

In the first case mentioned, and in many others, the greatest benefit has resulted from the use of belladonna and quinine, steadily pursued for many weeks. Belladonna is one of the remedies most effective in the treatment of simple epilepsy. It is, indeed, one of the few rational remedies for the disease. The other remedies most commonly useful in the practice of Dr. Brown-Séquard at this hospital are, the ammonio-sulphate of copper, the valerianate of atrophine, and the citrate of iron and strychnia. The last is a definite compound, containing the one-hundredth of a grain of strychnia to one grain of the salt.

Amongst the most protean cases are those due to the presence of worms in the intestinal canal. In these the very wide range of symptoms sometimes in itself forms a guide to the cause of the disease. The elimination of the worms does not, however, always suffice to effect a cure; the diseased habit of the nerves requires to be treated. In children, Dr. Brown-Séquard orders commonly salt-water injections, with purgatives, and subsequently belladonna and quinine. There are many cases on the books in which cure has followed.

In a remarkable case, now favourably progressing, the fit is preceded by water-brash and the flow of saliva in the mouth. In another case, the patient is seized, without warning, with a sudden jumping of the limbs of the right side; these become fixed and contorted, and he stands statue-like in the street or elsewhere, with one side of the body immovably and singularly distorted, but without loss of consciousness. This patient has been greatly benefited by the use of belladonna and quinine.—*Lancet*, Feb. 8, 1861.

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Polypus of the Rectum.—Although Surgical writers have always regarded this disease as a rare one, modern Surgeons are now beginning to discover that such is not the case, and that examples are not infrequent among the out-patients of a Metropolitan Hospital.

Mr. Bryant informs us, as the result of his experience, that the disease is by far the most common in children, and in those under two years of age; and the chief symptom by which the presence of the growth may be recognized is bleeding from the bowel. In adults, this surgeon affirms that the affection is comparatively of rare occurrence, the experience of Guy's Hospital certainly well supporting this assertion.

We give the following case as one amongst the most recent which have taken place in Mr. Bryant's practice:—

Francis D., a boy aged 10 years, was brought by his mother to Mr. Bryant on January 10, for hemorrhage from the bowels. The bleeding had appeared at times for one year, but for the last three months it had been very constant and profuse; it came on, however, only when at stool. Upon making an examination with the finger, a polypus, the size of a large nut, was detached and hooked down, a ligature was applied to its pedicle, and on the third day the growth came off. No bleeding followed, and convalescence was speedily established. —*Med. Times and Gaz.*, Feb. 8, 1862.

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Femoral Hernia in Female Children.—The fact that inguinal hernia is found frequently in female children is now, Mr. Bryant says, sufficiently well recognized by most surgeons, but the rarity of femoral hernia in early life makes the record of any such instances a subject of much interest. On referring to the Report of the City of London Truss Society for 1860, we find that there is no case recorded of femoral hernia in a female under 15 years of age; and but three examples are given in which the rupture was stated to have commenced so early in life. Two instances have within the last two years come under the care of Mr. Bryant, of Guy's Hospital, the short notes of which we now publish:—

Case 1 was in the person of Maria S., aged 9 years; the hernia had existed on the right side for two years, having come down after violent jumping. It was the size of a walnut, and reducible.

Case 2 was in a female aged 12, also on the right side. It had existed but two weeks, and came down when lifting a weight. Relief was given in both by means of a truss.—*Med. Times and Gaz.*, Feb. 8, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Officers of the Philadelphia County Medical Society for 1862.—*President*, Dr. Alfred Stillé; *Vice-Presidents*, Dr. Henry Hartshorne, Dr. Joshua H. Worthington; *Recording Secretary*, Dr. Wm. B. Atkinson; *Assistant Recording Secretary*, Dr. A. H. Fish; *Corresponding Secretary*, Dr. James M. Corse; *Treasurer*, Dr. A. Nebinger; *Censor*, Dr. George Hamilton.

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University of Pennsylvania.—The number of matriculants during the session 1861–62, was 309. At the annual commencement held on the 13th of March the degree of M. D. was conferred on 91 candidates.

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Jefferson Medical College.—The number of matriculates during the session 1861–62, was 238. At the annual commencement held on the 8th of March the degree of M. D. was conferred on 77 of the candidates.

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Massachusetts Medical College, Boston.—The number of matriculants, during the session 1861–62, was 204. At the commencement, on the 12th of March, the degree of M. D. was conferred on 51 candidates.

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Medical Department of the University of the City of New York.—At the annual commencement last month, the degree of M. D. was conferred on 65 of the class.

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New York Medical College.—At the annual commencement, on the 4th of March, the degree of M. D. was conferred on 11 candidates.

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Albany Medical College, New York.—The number of matriculants at the recent session of this school was 68; at its close, the degree of M. D. was conferred on 21 candidates.

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University of Buffalo—At the commencement of the Medical Department of this university on the 25th of Feb. 1862, the degree of M. D. was conferred on 28 of the class.

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Medical Department of Lind University.—At a commencement held on the 4th of March, the degree of M. D. was conferred on 16 candidates.

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Obituary Record.—Died in camp, near Budd's Ferry, Md., Feb. 11, 1862, of acute pericarditis, Luther V. Bell, M. D., Brigade-Surgeon and Medical Director on Gen. Hooker's staff, in the 56th year of his age. Dr. Bell was for many years superintendent of the McLean Lunatic Asylum, Mass., in which position he established a high and wide-spread reputation. He was, at one time, President of the Massachusetts State Medical Society, and was extensively known and greatly esteemed for his professional knowledge and private virtues. The State and the profession have sustained in his death a loss not to be repaired.

—— Feb. 20th, at Columbia, Adair Co., Ky., of typhoid fever, Dr. ETHELBERT L. DUDLEY, Col. of the 21st Reg. Kentucky Volunteers.

Dr. Dudley was the successor to his uncle, Dr. Benj. W. Dudley, in the Surgical Chair, in Transylvania University, and had achieved a high fame as a surgeon, while he was generally beloved for his kindness, benevolence, and chivalric character. By his death the profession and the public have sustained a severe loss.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Mr. G. TURNLEY reports (*Lancet*, Feb. 22, 1862) the following case of death from the inhalation of chloroform which occurred at the General Hospital at Hobart Town, Dec. 13, 1861.

"The patient, a fine muscular man, thirty-five years of age, was put under the influence of chloroform for the purpose of having the left testes removed, that gland being the seat of malignant disease. The anæsthetic was administered in the usual way, and great care was taken to insure a proper admixture of atmospheric air. Nothing peculiar occurred during the inhalation; the breathing was remarkably quiet and regular; there was no turgescence of the superficial vessels of the head or face; and in about four minutes from the commencement of inhalation the patient was fully under the influence of the drug. At the moment that soporose breathing commenced the pulse became feeble, and the chloroform was immediately withdrawn; the pulse, however, rapidly failed, and in twenty seconds ceased to beat. The ear applied over the præcordial region could not detect the slightest action of the heart During this period respiration continued regular, and after the entire cessation of the heart's action the patient made eight or ten regular inspirations and expirations, two or three irregular ones, and respiration ceased Cold water was dashed on the face, fresh air admitted to the apartment, and the Marshall Hall ready method at once resorted to; ammonia was applied to the nostrils, friction to the extremities, and a galvanic current passed from the spine, through the thorax, to the diaphragm. All these measures were applied without delay, and unremittingly persevered in for nearly an hour, but without success.

On post-mortem examination, no trace of organic disease could be detected; the blood was fluid, and the organs generally congested. At the moment that the heart ceased to beat the ventricles were in a state of dilatation; the valves were perfectly healthy; and the muscular tissue of the organ did not exhibit the slightest trace of fatty degeneration.

Prevalent Epidemic Fever in London.—An insight into the prevalent epidemic of fever which has existed recently in London, and which is now giving place to an epidemic of diphtheria, may be found in the report of the statistics of the London Fever Hospital, to which many of the poorer class of patients are conveyed when attacked. It may be observed, however, that a large number of cases have occurred amongst the upper classes of society. Dr. Farr's reports give only the number of deaths. It is greatly to be regretted that we have not now in London sickness returns such as are published regularly in Salford. It is in these returns that the note of warning is struck; and the first cases of sickness give indications of a coming epidemic, which are comparable to the warnings of a tempest which Admiral Fitzroy finds in the falling mercury and veering vane of his storm barometers. At the International Congress held last season in London, a resolution moved by Mr. Ernest Hart was affirmed, calling upon the Government to provide funds for the publication of sickness returns for the metropolis. The expenditure needful is quite insignificant. In the body of metropolitan medical officers exists a band of men able and anxious to co operate in supplying this information. It has been proved to be both practicable and in the highest degree important. We believe that Dr. Farr and Mr. Simon entirely approve of such a publication, and would aid it in every way. At such a moment as the present these reports would have the highest importance; but they could never cease to be valuable.

The report of the Fever Hospital gives us information of interest. This week, at the annual meeting, Dr. Murchison, the senior physician of the hospital, read a document which stated that the number in the hospital on the 31st December, 1860, was 17; and those admitted during the year 1861 were 646; making a total of 663. Of these, 475 were discharged cured; 7 were relieved or sent to other hospitals; 117 died; and 64 were left under treatment at the end of the year. The total number of patients admitted since the opening of the hospital in 1802 was 32,250. During the past year the number of admissions had been greater than in any of the three preceeding years, and had exceeded by 255 those of 1860. Of the total admissions, 473 were examples of fever in the strict sense of the term: of these, 86 were cases of typhus; 161, typhoid; 49, simple fever or febricula; 173, scarlet fever; and 4, measles. The number of typhus admissions, 1062 in the year 1856, had diminished in 1858 to 15, and in 1860 did not exceed 25. There was a considerable increase in the number of admissions for typhus in the spring succeeding the severe winter of 1860-61; but the disease could scarcely be considered to have become epidemic until the middle of December. From that time it had rapidly spread, so that in January, 1862, the number of admissions for typhus had almost equalled that of any period of the hospital history, amounting to 140. The committee had procured a carriage for the conveyance of patients, thereby avoiding the reprehensible practice of hiring street-cabs; but they required funds to maintain it in efficiency.—*Lancet*, Feb. 22, 1862.

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Charcoal Ventilators for Sewers.—A rather important Report on the results of applying Charcoal to the Sewer Ventilators, in order to deodorize the fumes arising from them, has been made to the city of London Commissioners of Sewers by Dr. Letheby and Mr. Haywood. We need not tell our readers that there are miles of sewers under the London streets, and that the vapours arising from their decomposing contents, aggravated in too many cases by the bad condition of the sewers, which allows stagnation and decay, must be permitted to escape into the open air. Otherwise they would pass into private houses even more pertinaciously than they do at present, and would suffocate the unhappy sewer-man. The ventilating apertures permitting the escape of these gases are very numerous, and in some situations they give issue to a quantity sufficient to be a serious nuisance to the neighbouring houses They form a constant, and we fear increasing, element in that which constitutes the difference between town air and country air. The absorbing and oxidizing properties of charcoal, which had been much experimented on by Dr. Stenhouse, have caused it to be tried for the purpose of destroying these gases; "for," said Dr. Letheby three years ago, "let the gases go out of the sewers how they will, and where they will, you have but to place a small box containing a few pennyworths of charcoal in the course of the draught, and the purification of the air will be complete." In order to test the virtues of charcoal fairly, a space of fifty-nine acres in the eastern part of the city of London, near the minories, was selected. It has 1700 houses, 14,000 inhabitants, the sewers have but a slight fall and are sluggish, and the streets are narrow, so that any emanations are doubly dangerous.

"The total length of sewers in the district is 25,587 feet; of which 2081 feet are pipes, and the remainder are constructed of brick, varying from 3 feet high by 2 feet wide. to 5 feet high by 3 feet wide, internal dimensions."

Air filters, consisting each of a set of six trays filled with 6½ lbs. of wood charcoal broken into pieces the size of a filbert, were affixed to each of the ventilators on July 14, 1860, and have been in operation ever since with results which the reporter describe thus:—

"First. The deodorizing power of the charcoal has been satisfactorily proved to be complete. Not only have there been no complaints from the public of stenches from the ventilating gratings, but we have ascertained by actual observation that the odour of the sewer gases is not perceptible when they have traversed the charcoal." The charcoal employed is proved to contain abundance of alkaline nitrate, and peculiar alkaline salts and volatile bodies which may be described as the essence of stench. Secondly, the duration of the powers of the charcoal is uncertain, but if exposed to wet it requires to be changed frequently. Thirdly, and this is a point we desire to call attention to, it is evident that these charcoal filters may hinder the escape of effluvia, not by deodorizing the currents of air which pass through them, but by hindering those currents from ascending; and in this case, although they may remedy one nuisance, and the charcoal may absorb some ill-smelling bodies, yet they do not really answer the purpose of ventilation. And the reporters show that they have been unable to detect "any perceptible currents of air through the ventilators fitted up with charcoal sieves. They allow of diffusion, but cannot be proved to allow of currents. There is no evidence that the air within the sewers was worse than before, or that the ventilators caused more sewer gas to enter private dwellings, but *there is no evidence that these air filters act as ventilators.* Fourthly, the cost. The prime cost of the 104 ventilators fitted up within the aforesaid district was £918 18s. 5d., with a further annual charge of £131 5s. 4d., or £1 5s. 3d. each, for repairs and management. Considering the thousands of ventilating shafts in London, the expense becomes a very serious matter. Would it not be better to expend the money in improved construction, so as to hurry on the sewer stream, and diminish the evolution of gases, and to avoid these most expensive palliatives, for such they are?—*Ibid.*

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Microscopic Photography.—At a late meeting of the Physico-Medical Society of Erlangen, Prof. **Gerlach**, well known for his excellent microscopic preparations and injections, showed a great many photographs of microscopic objects, which he had taken in order that the objects might be more strongly magnified than is possible in the ordinary way.

This gentleman is of opinion that as long as microscopic examination shows that the precipitate of silver has not yet been changed into single globules, photographs may be considered as correct objects for magnifying purposes. He employs, for the original object, a microscope of Oberhâuser's (200 to 300), and afterwards, by means of a simple and very ingenious apparatus, magnifies it at a rate varying from 1000 to 1500, or even more, if necessary.

The formation of the precipitate of silver is greatly retarded if a diluted solution is employed; and thus the negatives although they become less distinct, are, on the other hand, rendered more suitable for magnifying purposes.

Amongst the objects thus represented, the most striking were blood globules; a millimetre divided into a hundred parts; scales of the wings of Hipparchia janira, Linn., in which, with a magnification of 1500, the transverse stripes were distinctly visible, and appeared separated by rather wide intervals; also transversely striped muscular fibres of Rana temporaria, etc. Professor Gerlach is just now preparing for publication a work which is to appear under the title, "Photography as an Auxiliary Means of Microscopic Investigation," and which will contain full particulars of the method employed by him, and also plates showing his micro-photographic preparations.—*Ibid.*

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Operation for Vesico-vaginal Fistula.—[Dr. J. **Matthews Duncan**, lecturer on midwifery, etc., in an article on this operation (*Edinburgh Medical Journal*, Dec. 1861), pays the following merited and generous encomium on the improvement made in the treatment of that loathsome affection, vesico-vaginal fistula by our countryman, Dr. J. Marion Sims.]

"The greatest improvement made in recent times in the treatment of the diseases of women is the introduction of a method of cure of ordinary vesico-vaginal fistulæ. This loathsome affection, in proportion as it was once the opprobrium of surgery, is now a source of glory to it.

"The labours of surgeons to discover a trustworthy method of cure had been incessant, and in some rare cases more or less complete success in closing the fistulæ had been attained. But so discouraging were the general results, that only a few ardent operators persevered in attempting to relieve such cases, and most surgeons regarded them as beyond the reach of their art. The operations practised were rarely successful, and occasionally proved fatal.

"It is not my object at present to enter into the history of operations for vesico-vaginal fistula, and to award to the diligence or ability of operators the proper meed of praise. Most of them seem to have attained to almost as good a plan of operating as that now in use, and their numerous changes were evidently made with a view to the avoidance of numerous failures. They did not succeed in discovering the secret of failure and the secret of success.

"It was reserved to Dr. Marion Sims, now of New York, to make this great discovery, which will ever remain a lasting monument to his diligence and success.

Without this discovery all other improvements of the operation are vain; with it, all other improvements are trivial. Like most great discoveries, it is an extremely simple matter when told, consisting in the use of silver or metallic ligatures to unite the pared edges of the fistula, instead of silk or of any other kind. Metallic ligatures had been often used in surgery before the time of Dr. Sims. and it was known that the tissues resented the presence in them of foreign metallic substances much less than of other foreign material such as silk. Metallic ligatures had indeed been used even in this operation long before they were proposed by Dr. Sims; but no one had discovered their essential importance in the operation for vesico-vaginal fistula. They were, indeed, not used by the most ardent operators, and women remained uncured till Dr. Marion Sims showed the way.

"It is very pleasant to recall the excitement produced in our medical circles by the sudden appearance of Dr. Sims' pamphlet, entitled *Silver Sutures in Surgery*, in which he announced to the world his previously little-known methods. The tone of it was not humble, but like that of an ancient prophet declaring glorious and incontrovertible news. Immediately, cases of vesico-vaginal fistula were ferreted out from their painful and hopeless retirement, and immediately they were, in a great many instances. cured. The discovery was found to be real, and speedily available for grievously suffering womanhood. From my own experience, I can testify to the facility of effecting the cure, even when I had never been fortunate enough previously to see the operation done.

"Since the announcement of the value of silver sutures, numerous surgeons have, with an almost morbid ingenuity, attempted to improve an operation already reduced to great simplicity. It is not to be supposed that this arose from jealousy of Dr. Sims' great fame, but it was certainly in some cases accompanied by it; and the evasiveness of some authors regarding the great and high claims of Dr. Sims, leave them in the awkward alternative of either being foolishly blind to his merits, or desirous of vainly magnifying their own. Dr. Sims' simple operation was too simple for the improvers, and complications or steps in a backward direction have been attempted by the original or revived proposal of buttons, splints, curious knives, iron wire, hollow needles, twisters of the wires, etc. etc. While these improvements are already falling into merited oblivion, it would be going too far to deny that, in some cases, occasional advantage might be found from some of them. But while even this is doubtful, if ordinary and curable cases are held in view, it must be remembered that, when there is great destruction or disappearance of the vesico-vaginal septum, and great development of cicatricial tissue, difficulties may arise for which special instruments may be adapted. As a rule, however, even in them, the simplest instruments are the most serviceable."

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Unjust Verdict against a Physician.—[We extract the following statement from a late No. (Feb. 15, 1862) of the *Medical Times and Gazette*]. A printed statement has lately reached us respecting a case tried at Sydney in February, 1856, which, if the account given is to be relied on, demands notice. Although of some interest in a medico-legal point of view, we should not, after so great a lapse of time, have thought it necessary to call our readers' attention to the subject, were it not for the apparent injustice of the verdict. We can hardly believe that the sentence is still unrepealed, but such was the case in February last. Information has reached us that a suspicion existed that the prisoner had been implicated in a questionable manner in some practices relating to life assurance, and on this account a strong feeling is said to have been entertained against him. The charge, however, was that he had criminally attempted to procure abortion. On this he was tried, found guilty, and sentenced to hard labour on the roads for a period of ten years. The circumstances, as we have received them, were these: Dr. F. Beer, possessing a medical diploma from the University of Zurich, was called, on February 10, to attend a Mrs. Brown, who was at the time pregnant. He found her suffering from spurious labour pains and considerable irritation of the rectum, which he attributed to the existence of a stricture.

He prescribed for her a course of suppositories, each containing five grains of the extract of belladonna. It does not appear how many of these suppositories were administered; but on the 19th of the same month criminal proceedings were instituted against Dr. Beer on the ground of his having prescribed the suppositories of belladonna with a view to procure abortion. Upon this charge the jury found a verdict of guilty. The evidence in support of the accusation on the part of the patient was transparently absurd, whilst that advanced by the professional men who were examined was, to say the least, extraordinary. One of the medical witnesses asserted that belladonna was "just such a medicine as would have produced abortion." Another said that "it would have a greater action on the child than on the mother," and a third favoured the jury with a disquisition on the *modus operandi* of the drug to this effect: "The first effect by belladonna was by absorption. The second effect was on the nerves, producing contraction; she (Mrs. Brown) described her symptoms as first feeling heaviness and afterwards contraction of the womb. The third effect was on the mucous membrane of the stomach. In a low circulation it would absorb slowly. In a case of pregnancy it would take half an hour." On what toxicological authorities these gentlemen founded their opinion as to the effects of belladonna on the gravid uterus we are not informed. The propriety of the treatment was not the question. The dose, although undoubtedly larger than is usually given in England, was not larger than has been sanctioned by some writers of reputation. Its activity would, of course, depend on the preparation of the extract, and we can quite believe that the chemist who dispensed the prescription spoke the truth when he affirmed that he had frequently made up similar prescriptions for Dr. Beer, and had never heard of bad consequences. Nor in this case did any arise, for the evidence of the woman did not relate a single pathognomonic symptom of poisoning by belladonna; her child was born alive and lived six weeks, and she herself a year afterwards was alive and well. The circumstances of the case were laid before Sir Benjamin Brodie, who, in a letter appended to the Report, remarks: "I cannot have the smallest hesitation in saying that both the charge and verdict are utterly absurd. I can understand that Dr. Beer might have prescribed belladonna with a view to prevent premature labour, but I cannot suppose that either he or any one else should dream of prescribing it for the purpose of procuring abortion." Yet, on this charge and verdict a Swiss physician in a British Colony was sentenced to ten years' punishment. The whole account, supposing always that the version which has reached us is a true one, gives an unedifying picture of the state of Forensic Medicine in Sydney in the year 1856.—*Ibid.*

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Growth of Cinchona in India.—Dr. ANDERSON has returned to Calcutta from his mission to Java, with the large number of 412 cinchona plants of three species, and with half a million of seeds. The cultivation of the cinchona in Java, which began with 139 trees in 1855, has hitherto been most successful, but the Dutch do not possess many specimens of the variety whose bark yields the largest proportion of quinine. Dr. Anderson was enabled to supply them with some of the best specimens in return for their liberality and courtesy. Of one species the Dutch have now no less than a million of plants, and of two or three others they possess several thousands. In June, 1857, the whole number they had was only three hundred, so rapidly have they propagated themselves. The well-known German naturalist, Dr. Junghuhn, is in charge of the plantations, and he was recently joined by Dr. de Vry, a chemist not unknown in England to the members of the British Association. The report of the first of these gentlemen, now before us, details, with a scientific prolixity which we shall not inflict on our readers. the various steps of the experiment. Southwest of Tjibodas, 4,100 feet above the sea, in the very centre of Java, natural forests extend for miles, the soil consisting of loosely heaped blocks of trachytic lava. To this spot, under the shade of wide spreading branches, the plants which had withered in a more exposed locality, were transferred in October, 1857. Six months after, they began to die in their new habitation, and the cause was soon discovered in a small beetle of the "bostrichus" species, never before seen in the Java forests, which deposited its brood in the trunk. After many difficulties and experiments with soils and localities, the Malawar mountains have proved the best spot. The slightest differences of altitude, light, and temperature, affect the *calisaya* variety. The hardiest, though least valuable, is the *lucumaefolia*, but if the former be planted early in good, loose, forest soil, and moderate shade, particularly in the region of from 5,000 to 5,700 feet above the sea, it grows up as tall and luxuriantly as any. Each capsule of each plant contains an average of twenty-five seeds. One *calisaya* yielded 485 capsules, and each good plant may be said to yield 1,300 seeds. Of 2,000 well developed seeds sown with care on cleared soil under the shade of trees, only one grows to a real plant; for the slightest touch, even of a drop of water, or a crawling worm, kills the root of the young germ. At first the plants grow slowly, but after two years they are two feet high, and then shoot up with great rapidity if raised from seed. The plants thus successfully introduced, an important question arises—Will they yield as much quinine as in their native home in Peru! To test this Dr. de Vry was sent to Java, and he records with no little triumph how, on 21st July, 1858, two and a half years after the first plants were introduced, he was enabled to produce a pure white crystallized quina alkaloid from the bark of one of those stems which the beetle had destroyed. Soon after he obtained from a *calisaya*, not five years old, the same percentage of quinine which the Bolivian trees yield, or 3.12 At the end of 1861, the experiment in Java, only six years old, has thus succeeded most completely Many of the trees are now thirty feet high.

This is full of hope for India, where the plant is now being grown under exactly the same conditions. The total number of plants is 5,847, and more than half are of that red bark variety which is most valuable, the dry bark selling at from 2*s.* 6*d.* to 8*s.* 9*d.* per lb. Rich as are the forests of Bolivia, from which the world draws its sole supply at present, they will not last long Formerly the trees were everywhere found around the inhabited parts of the region, but now to meet with one of a tolerable size it is necessary to penetrate several days' journey into the forest. What India is doing as a substitute for North America in rice and cotton, she must become for South America as an exporter of quina bark. We believe a nursery will be shortly established on the Khasia Hills. In less than ten years India should supply herself with all the quinine she needs. In a few more, sulphate of quinine as well as quina bark should bulk largely among her exports.—*Friend of India.*

Quackery a hundred years ago.—If our forefathers a hundred years ago could not boast of their mesmeric influences, or of table-turning, or of spirit-rapping, they were the victims of a marvellous list of quackeries of other descriptions, which were, perhaps, more injurious in their effects. It was literally the age of quack medicines, and every possible disease was fitted with its nostrum, all duly qualified by his Majesty's letters patent. There were "The Original Balsam of Health." otherwise called "The Balsam of Life," which is described as "the most admirable vulnerary in nature;" the "Golden Nervous Cordial, or Paralytic Drops," which was "the greatest preservative and restorer of health ever yet published," and had been "sent many years ago by her Catholic Majesty to King James the First's consort;" the "Famous Sugar-Plums for Worms;" the "Grand Elixir of Ease," which was a certain cure for the colic; and "The Much-famed Hypo Drops," which "infallibly cure melancholy in men or vapours in women." One "Doctor Toscano" declares himself able to find out and cure all diseases to which humanity is liable, adding, in conclusion, "I will forfeit one hundred guineas if anybody can prove to the contrary." Some of these medicines are put forward under the name of the celebrated Doctor John Hill, the great medical and literary quack of the age; such as "Essence of Water Dock," a safe remedy for scurvy; and the "Elixir of Baridana," which was infallible against gout and rheumatism. Those who needed the latter were encouraged by the information added to the advertisement, that "The baridana (burdock) is a common innocent British plant." Dr. Hill's "elixir" met with a rival in a medicine against the same diseases, by one Dr. Colley, who announced as "an effectual remedy," his "Antiarthritick Wine," supposing, perhaps, that the very name of wine was enough to cure a gouty patient. But all these inventions are thrown into the shade by the "Medicinal Arabian Quilt," wherein, we are told, "is infused salutary composition," consisting chiefly of "Eastern vegetables," and by "wrapping up in this quilt," sufferers under all sorts of diseases were to find quick relief. We learn from the same advertisement that "the author also has invented a medicinal paper cap, for the constant wear of those who are vaporous, or subject to catch cold;" and of this it is further stated, "likewise it refreshes the memory of the studious, particularly those who apply constantly to their pen, and is so curiously contrived that gentlemen (*sic*) may constantly wear them under their wigs, or even ladies under their caps."—*Brit. Med. Journ.*, Jan. 11, from *London Review.*

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General Hospital of Vienna.—For the information of such of our readers as have not a distinct notion of the concentration of the sick at this hospital, we will just state that, according to the *Medicinische Wochenschrift* of Vienna (Jan. 11th, 1862), there were 2264 in-patients under treatment during the week ending January 9th. A very interesting feature of the medical journal just mentioned is a weakly account of the number of persons treated in the hospitals of Vienna, and also a report respecting the prevailing maladies. Besides the General Hospital, there is in Vienna an establishment of the same kind, called Wieden Hospital (933 patients); also a Military Infirmary (1119 patients), and an Hospital for Children (110 patients)—*Lancet*, Feb. 8, 1862.

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Military Assistant-Surgeons in the British Service.—At a recent meeting of the House of Commons, Colonel Sykes asked, whether, in the competitive examinations for thirty military surgeons which had been advertised, her Majesty's subjects in India, and coloured British subjects in Canada and the colonies, would be allowed to compete.

Sir G. C. Lewis said that the return moved for by the hon. gentleman last session contained an answer to the chief part of his question. It was not intended that the natives of India should compete for the appointment of assistant-surgeons. He hardly knew what the hon. member meant by "coloured British subjects in Canada," unless he meant to refer to the red men or to the free blacks, neither of whom were intended to be admitted under the advertisement referred to.—*Lancet*, Feb 22, 1862.

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University of Edinburgh.—The number of matriculants in the medical department the past session was 510, being 45 less than the previous session.

Life in the Glacial Seas.—From the investigations of the scientific expedition despatched by the Swedish Government, to investigate the physical geography of Spitzbergen, it appears that animal life is abundant in these glacial regions, at the great depth of 1250 fathoms.

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A Gigantic Saurian.—The discovery of the fossil bones of a new and gigantic saurian, in a cutting recently made for a railway line near Poligny, has just been announced by M. Bertherand. The animal must have been between 90 and 120 feet in length, and must have existed towards the end of the Triassic period.

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Obituary Record.—Died, at the advanced age of 89, M. Biot, the father of French *Savans.*

—— Died of Pleura Pneumonia on the 7th of Feb. 1862, M. P. Meniere, Physician to the Imperial Institution for the Deaf and Dumb at Paris.

—— recently, aged 70, M. Nigrier, Honorary Director of the Medical School at Angers, and author of various interesting memoirs.

—— Feb. 8, 1862, Geo. Rainy, late Lecturer on Midwifery and Diseases of Women and Children, King's College, Aberdeen.

—— recently, Baron Thevenot, at a very advanced age. Although he had long nearly disappeared from the scene, he formerly held high positions, having been surgeon to the Hospice des Enfants Trouvés, and to the Hotel Dieu, and also first surgeon in ordinary to Louis XVIII.

—— recently, at Brussels, of organic disease of the heart, Baron Seutin, Prof. at the Faculty of Medicine, member of the senate, and well known by his valuable inventions relative to starch bandages. He held the foremost rank among Belgian surgeons.

—— January 30th, 1862, aged 60, from injury received by the explosion of a Roman candle, Charles Waller, assistant physician accoucheur and lecturer on clinical midwifery to St. Thomas's Hospital, and author of a valuable memoir on Transfusion and other papers.

—— at Passy, near Paris, aged 84, very recently M. Bretonneau, of Tours, well known for his descriptions of those two diseases which he has named, "Dothinenterite" and "Diphtherie."

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CLINICS.

CLINICAL LECTURES.

Clinical Remarks on Retention of Urine. By James Paget, Esq.—During the last week three cases of retention of urine from stricture have been admitted into St. Bartholomew's Hospital. Retention of urine, Mr. Paget said, was often spoken of as a disease. Really it was merely a convenient term, signifying only that the patient could not pass urine, for it might happen in the course of almost any disease of the urinary organs. In the present lecture, he should only speak of the retention of urine so far as it was caused by stricture of the urethra.

The first case was that of a thin, feeble, emaciated man, admitted for pain in the abdomen and inability to pass water. He had been tramping about the country seeking work, and had undergone great privations. He had been a drinker. but had never had gonorrhœa. He had had difficulty in passing water for twenty years, but had never before had retention. For two months he had had more than usual difficulty, and for a short time before admission he had been unable to pass any urine. This, Mr. Paget said, was a common history—there was a difficulty for many years; and then, after more than usual privations and exposure to cold weather, actual retention occurred. On admission, slight attempts were made to pass a catheter. The urethra bled, and therefore the attempt was abandoned. He was then put in a warm bath,

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and afterwards sent to bed, and had a dose of opium. Gradually he began to pass water, and by night he was easy; next morning he felt nearly well. In four days catheterism was again tried, and No. 7 was passed through the stricture.

The next case was that of a man who was well nourished, and, in general, healthy. He had pain in the abdomen, and inability to pass urine. He had had several attacks of gonorrhœa, but was not an intemperate man. He had, however, just been out on furlough, and he ascribed the pain and retention to beer-drinking. He had had three attacks, and said that "the beer always did it." The first difficulty was three years ago. On admission a catheter was passed, and about an ounce of urine was drawn off. The eye of the catheter then became choked. A dose of opium was given. He was better after this, and soon passed a little more urine. In the night, however, he became worse, had more pain, and could not pass any water. The house-surgeon was called to him, and finding it impossible to pass a catheter, he ordered him to take another dose of opium. Next morning the house-surgeon was able to pass a catheter. The patient was much relieved, and in thirty-six hours was as well as usual. There was a stricture, but in four days No. 8 was passed, and the man soon went back to his duties.

This patient's circumstances presented a contrast to those of the first. He was robust, well clothed, and well fed. But in this case there was also an exciting cause. He was on furlough, and had been eating and drinking more than usual, and thus the strictured urethra became completely stopped. The same treatment was adopted in both cases and with the same result.

The third patient was a moderately nourished, feeble man, 70 years of age. He was a cab-driver, and had drank freely when young, but not lately. He was much reduced in health, and had many signs that his constitution was breaking down. He had gouty knuckles, was subject to winter cough, and, in fact, his vigour seemed giving way at every point; it was not the failure of one organ only, but of many. The difficulty of passing water he had had for six years. It was always worse by exposure to cold weather. For relief he had been in the habit of passing a No. 2 bougie. He had been much worse for one month, and for two days before admission he had passed water in drops only. When admitted he was very feeble. His face and lips were livid, and he had pain in the lower part of the abdomen and complete retention. The same treatment as in the other cases was adopted. His bladder had never been very much distended,' but he grew worse, and died, not especially from the retention, but more from a general break-up, which this had hastened. Indeed, for some time before death there was probably no urine secreted, so that he then suffered from the effects of suppression, rather than from retention.

In reference to this old man's case, Mr. Paget said that many people who were not exactly ill—who kept at their ordinary work, and who often filled very ably posts requiring considerable application—were often in a condition in which slight attacks of disease of some special organ would show how little vigour they really had to encounter more than the routine trials of life. As he said, they were in one sense well, and about at their work, but had not one organ which was fairly healthy. Thus they would be subject to cough in winter, and their winter was a long one, and at all times their breathing was short. Again, they might have stricture, or hernia, or were bilious. Though such persons are equal to routine work, yet when they become ill, they die, as, for instance, by an attack of retention of urine, or by diarrhœa. So long as they can get about their work, and can eat and drink, they are apparently well; but when any kind of sickness attacks them, they have no power of resistance. They lose their appetite; nothing tempts them, and everything pulls at them—their old bronchitis, old stricture. The old house tumbles down, as there is no single brick that is sound. It is not because one organ is much diseased, but because not one is quite sound; they die because there is nothing good, and not because there is any one thing exceedingly bad. In the old man admitted with retention, the kidneys were granular, the liver fatty, and the heart large and fatty.

The history of all the above-recited cases of retention shows that there was in all habitual and constant difficulty in micturition, and then, on some exposure or excess, retention ensued. It is well, therefore, to consider the two stages separately. In such cases, the difficulty is not always due to a bad stricture, as in the cases mentioned.

No. 7 or No. 8 would readily pass when the temporary cause inducing complete closure had passed away. In a patient admitted with retention with a history of stricture, it is the safest to assume, in regard to his permanent state, that the stricture is a bad one. It is hard to tell what amount of stricture there may be; but if of long standing, and if the difficulty has been considerable, then, probably, the urethra is much narrowed. If, however, the patient during the period of difficulty has sometimes passed water easily, probably it is not a bad one. The complete stoppage of the urethra, when retention follows on permanent stricture is due to one or both of two conditions—to muscular spasm, and to disordered vascularity. There are no signs to tell to which retention is due, and probably they both exist together.

In such cases, then, we must keep in mind three things: 1. The existence of a permanent stricture; 2. Muscular spasm; and 3. Inflammatory swelling. Of course, retention may arise from impaction of fragments of calculi in the urethra, and many other causes not the subject of this lecture.

The idea that muscular spasm is generally a considerable element as a cause of retention in these cases seems to be confirmed by a very common expression of the patients, that if they could stop the strain, they could make water easily, and this also shows that they are suffering from a temporary rather than from a permanent condition. The muscular action is disordered. Thus, when the bladder contracts, the urethral muscles, instead of being relaxed, contract also and prevent the escape of the urine, in fact, the muscles of the bladder and urethra strain one against another, the muscles of the urethra having the advantage. This condition of disordered muscular action may be illustrated, Mr. Paget said, by stammering. The stammerer cannot at the same time keep open his glottis and also combine the actions of the articulating muscles of the lips, etc., in the same way that the man with retention cannot expel from the bladder and prevent the constricting muscles of the urethra from acting at the same time. We may thus say that the retention is due, so far as disordered muscular action is concerned, to a stammering bladder. In some few and exceptional cases disordered muscular action appears to be the sole cause of retention. In nervous people placed under circumstances of restraint, when it is impossible to make water, as when any one is looking at them, etc., the desire to do so comes on, but instead of the water flowing, there are merely efforts to expel it constantly restrained by contraction of the urethral muscles, the abortive efforts being productive of much distress.

The other condition, which, superinduced on the permanent stricture, causes retention, is disordered vascularity, a transient state of congestion. In another of the patients who died, the stricture extended from a point just beyond the glans to the membranous part of the urethra, and in addition there was much swelling and congestion.

To illustrate the way in which sudden stoppage occurs, from swelling and congestion, Mr. Paget spoke of the stoppage in the nostrils which occurs in a common cold. This is a good example, in consequence of there being in the nasal passage no muscular action to account for it. In some people this will occur very suddenly, and completely obstruct the passage of air. When in a short time the swelling of a healthy mucous membrane will completely obstruct the nostril, it was easy to conceive that a urethra may be rapidly occluded in the same way, and this of course would occur more rapidly when the urethra was narrowed by stricture.

In treating cases of retention of urine from stricture, in which, however, the sudden stoppage is brought about by temporary conditions of muscular spasm and swelling, we must not trust too much to treatment by instruments. In all cases Mr. Paget said it is justifiable to make an attempt, quietly and without any roughness or force, to pass a fair-sized instrument, but it is a great mistake to set to work to get a catheter into the bladder by persevering manipulation. If, he said, we can pass the instrument easily it should of course be done, but if not, we must trust to medical treatment. For in such cases, as shown above, it is not a mere mechanical obstruction which is to be overcome, but a temporary condition, which requires treating on general principles. Failing to pass the catheter easily, we should give a full dose of opium, or perhaps laudanum by the rectum, and place the patient in a warm bath and afterwards put him to bed. In the large majority of cases this treatment will be followed by relief. Suppose the urgency of the case relieved and that the patient gets rid of his urine, we should still wait four or five days before we attempt to treat the permanent stricture. By waiting, we do not lose time as at first only a very small instrument could be passed, but by waiting we may at the first trial pass an instrument of considerable size. Such was shown in the treatment of the first two cases above given. But in others, relief does not follow, and then the question arises, under what circumstances are we to relieve the bladder by mechanical interference? The answer should be given by the length of time the retention has lasted, by the amount of pain, and especially by the distension of the bladder. If the bladder is much distended then it is important to interfere; or if it is not distended, but feels very hard, and the symptoms urgent, we ought to interfere. Of course it is impossible to lay down arbitrary rules for the treatment of extreme cases. In all cases in which such mechanical interference was necessary, Mr. Paget assumed that the patient could not pass *any* urine. About eight weeks ago a patient was admitted, who had for many years suffered from an old and severe stricture of the urethra. Some operation had, before his admission, been performed on the perineum, but he was not relieved. He was admitted with complete retention, and had not passed urine for thirty-six hours. From the urgency of the symptoms it seemed essential to introduce a catheter. Chloroform was given and a very small catheter, No. $\frac{1}{2}$ or $\frac{1}{3}$ was passed, and he was relieved. Larger instruments have since been passed. Mr. Paget then spoke of the great caution required in treating cases of stricture by instruments. He said there was danger from being too bold, and that in fact, what appeared boldness was oftener cowardice, the surgeon being fearful of some danger from waiting, which fear better knowledge would show him to be groundless.—*Med. Times and Gazette*, March 22, 1862.

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Clinical Remarks on the Treatment of Stricture by Rapid Dilatation.—The following is reported from a clinical lecture delivered by Mr. Paget:—

In the Lecture last reported Mr. Paget spoke of the treatment of retention of urine consequent upon stricture. In the first part of this Lecture he gave the particulars of a case of stricture which he had treated by the method of rapid dilatation. The patient, a man aged 30, three and a-half years ago, ruptured his urethra by falling on the gunwale of a boat. By treatment the urethra was restored, with a moderate amount of stricture. He then neglected his case for nine months, but was at length obliged, by return of difficulty in micturition, to apply for assistance. During the last six months he had been under treatment, but no instrument had been passed into the bladder. He was then sent to St. Bartholomew's Hospital.

He was kept quiet in bed for a few days, no attempt being made to pass an instrument. On the necessity of rest previous to the use of instruments, etc., in treating cases of stricture, Mr. Paget spoke in the last Lecture; it was necessary, he said, in all cases of bad stricture. In a few days a trial was made, and a small instrument was passed into the bladder, and again a few days after. On the second attempt, however, a severe rigor followed. Mr. Paget considered that this was a fair case for treatment by rapid dilatation. The instrument he used for this purpose was that invented by Mr. Barnard Holt. So far the result was satisfactory, as No. 8 could afterwards be easily passed, and the man had had no bad symptoms. Here, then, by this rapid method of dilatation, various stages of treatment, generally tedious, had been stepped over.

Of course this treatment is only to be thought of in organic stricture, in which there is a good deal of fibrous thickening. Just as in scars, as often seen after burns, contraction gradually goes on; so in the urethra, the fibrous material deposited in the walls of the urethra goes on contracting. It is in this condition, and not in stricture from spasm or increased vascularity, that such treatment is admissible.

In all such cases, except a few rare exceptional ones, if an instrument of any size can be passed into the bladder the stricture may be cured by gradual dilatation. In Kenton Ward a patient is now able to pass No. 8 easily, in whom it was difficult on his admission to pass the smallest sized bougie. In this method of treatment it is necessary to increase the size of the instruments very gradually, and thus a long time is taken up in treatment. The loss of many weeks is to a labouring man, or indeed to any one who has to work, of so great consequence, that it has long been a desideratum to find a rapid and safe means of curing stricture. By gradual dilatation in a bad case of stricture it will be perhaps twelve months before the patient can do without passing an instrument every week or two. This method too is not only long and tedious, but is also liable to vexatious and annoying troubles, and considerable risk to health. Hemorrhage, inflamed prostate, orchitis, etc. And, after all, when the patient is fully relieved, he is not finally cured. After twelve months' treatment he must still every few weeks or months pass an instrument in order that he may not lose ground. To recapitulate, gradual dilatation is tedious, liable to risk, and is not finally curative.

Surgeons have long endeavoured to find some method which would cure rapidly and safely. Mr. Paget said that when he was a student it was not an uncommon practice to pierce a stricture. A catheter was passed down to the stricture, and then a stillette was pressed through its end, and if possible, through the stricture. This method is now almost disused, and is not to be recommended except in some cases in which the stricture is in the most anterior part of the urethra.

Another method introduced by Mr. Syme—the so-called perineal section—is to divide the stricture in the perineum. First, to pass a small grooved staff through the stricture, and then, inserting the knife in the groove, behind the stricture, to cut forwards. This done, a large instrument can easily be passed into the bladder. There can, Mr. Paget said, be no doubt of the great advantages of this method of treatment. To step at once, without tediousness and with little danger, from No. 1 to No. 9 is a point of the greatest consequence. And when the whole stricture is thoroughly divided, the cure might be considered permanent. He had watched cases for several years after the operation, and no contraction had occurred; in fact, the great value of Mr. Syme's method is, that it may be a lasting cure. It is not, however, altogether free from risk to life; and, although this risk may not be greater than three or four per cent., yet for strictures that may be cured by other means, this mortality, although comparatively small, ought to be taken seriously into consideration. This is the only objection. Although, as an operation on persons of good health it is safe, yet, as many suffer from diseased kidneys, it will now and then be followed by death.

There are cases in which this method is far the best—cases in which there are large and numerous fistulæ, and also cases in which there is large perineal induration, which induration is certain to go on contracting, and when the stricture is temporarily cured, nearly certain to recontract.

Mr. Paget next spoke of the methods of treating stricture by internal incision.

He then showed and explained the action of Mr. Wakley's instruments for rapid dilatation of stricture, and also those used in this case—those of Mr. Holt. The principle was the same in both Mr. Wakley's and Mr. Holt's instruments, and it might be difficult to say which was the better plan.

In the case the subject of these remarks, Mr. Paget said that all the advantage of speed had been obtained, and also of safety—no more risk than in passing an ordinary catheter. The only question is, Is this method finally curative? On this point more experience is required. Mr. Holt's experience has been very extensive, and it is difficult to believe, from his cases, that the cure is not often permanent.

If, Mr. Paget said, rapid cure is determined on, it should be the rule to keep perineal section for the very worst cases. In rapid dilatation, as well as in perineal section, an instrument of some kind must first be passed. But, is it always possible to pass an instrument? The cases in which it is not possible are certainly very few in number; but in strictures consequent on injury, producing complete rupture and separation of the urethra, and on extensive sloughing, and in some cases of narrow crooked strictures, it may be quite impossible. It is better, Mr. Paget said, that we should act as if the stricture is permeable, until we found that every effort to get through it is unavailing. If, after the patient has been kept in bed, and if, after careful trials, the patient being under the influence of chloroform, we still find it impossible, then neither of the above methods could be tried. Such cases are, however, he repeated, extremely rare.—*Med. Times and Gaz.*, March 29th, 1862.

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Clinical Remarks on the Treatment of Chorea. By Dr. WILKS.—It is well known that there are fifty remedies against this disorder, and even more than this number may be discovered if it be worth while to collect them from medical writings; and yet those who have not the opportunity of witnessing the practice of others, are well satisfied with their own particular remedy as the best, in consequence of having generally found it successful. Thus scarcely a week passes but we hear of some new medicine which will infallibly cure this disease; and even it is worth the time of the British Association to discuss the merits of some novel anti-choreal drug. All the while the believers in iron, zinc, belladonna, or galvanism, still exist. In Guy's Hospital iron was superseded by zinc; and then, according to Addison and Bird, both were inferior to galvanism. This, however, did not take a year to be forgotten, although lately revived by the French physicians.

Now, we think it would be tolerably evident to an unprofessional person, or to one unacquainted with the disease in question, that where a malady can be cured by so many remedies, it may be very well left to itself, and can be placed in the same category as whooping-cough, and many other disorders which tend to a spontaneous cure. We had almost arrived at this conclusion when visiting some years ago the Paris Hospitals, and discovering that at one time iron was the remedy; at another, no drug could equal strong coffee; and at another, that certain gymnastic movements, on the plan adopted at the "Hôpital des Enfans Malades," were quite sufficient to cure the disease.

It would appear to be true that tonics are useful, and that it is important to correct any morbid state of the alimentary canal. With this idea the late Dr. Hughes had a favourite and very useful remedy, consisting of rhubarb steeped in port wine. All other medicines acting on these principles are beneficial, and we generally administer them. But in order to impress upon students the importance of attempting a rational treatment of disease so that they may know with what purpose they are administering medicines, we have for some years past taken bad cases of chorea into the hospital so that students might witness for themselves the fact of the spontaneous cure of the disease, and in order also to disabuse their minds of the false notion that iron and zinc *cure* the disease by an antidotal sort of action.

This result, we may remark, can scarcely be obtained except in a hospital, for the cure seems to depend upon the removal of all those circumstances which may have excited the disease at the onset and then perpetuated it, as well as upon the controlling the patient by the stricter discipline of an institution and the more correct regimen. Thus it is that although amongst our outpatients recovery will ensue under the ordinary treatment in a certain time, yet this is often protracted, and sometimes even no benefit at all results. Under these circumstances, if the patient be admitted into the hospital, a change speedily takes place. We should state that as the nurses are staunch believers in physic, we have been obliged to order the children a little coloured or sweet water. We append a few cases in order to prove our position that chorea is a disease which tends to get well of itself, but is assisted in the process by tonic remedies, especially of the mineral kind. This we regard as absolutely certain, and appears, indeed, to be the only explanation of the numberless remedies which are in vogue to cure this disease.

Case 1. A girl, aged 15, had been ailing a month with symptoms of severe chorea, and had got so much worse during the last week that she was unable to stand, and was obliged to keep her bed. Her medical adviser, a very good practitioner, had treated her up to this time without relief. On admission it was seen to be as bad a case as is usually witnessed. She was obliged to be placed in bed with sides to it, for fear of her falling out. She was in constant movement, throwing her limbs about, the skin of which was knocked off on several parts, owing to the violence of the jactitation. She was scarcely able to speak. She had become very thin. She was ordered a little syrup and water to be taken three times a day. After a short period she began to improve, was soon able to sit up in bed, then to walk, and finally she left the hospital quite well, exactly four weeks after admission; the usual time, it may be said, when the most highly-vaunted remedies are said to cure.

Case 2. Sophia B., aged 7, admitted May 6, 1858. Symptoms of chorea had been gradually coming on for two months, but she had still been able to walk about and go to school. Two weeks ago she fell down, when all the symptoms became worse. On admission she was unable to stand, the jactitation was general, so that she was obliged to keep her bed. A slight systolic bruit existed. She was ordered Syr. aurantii ʒss, tr. cardam. c. ♏ v, aq. ℥ss ter die.

On May 11, a little better. On 14th, much better. After this she still improved, and on the 28th all movements had ceased. She then left the hospital, but was directed to take some steel mixture with her, thinking it might be of service, and not then interfering with the natural course of the disease.

Case 3. Maria H., aged 8, came into the hospital with the last-named patient, and left about the same time. Three weeks ago choreal symptoms came on without an assignable cause. A slight systolic murmur existed. Jactitations considerable, so as to prevent her doing anything, although she did not keep her bed. She was a very intelligent child, but her father was a lunatic. She took no medicine, and in three weeks was quite well.

Case 4. Emily J., aged 14. She had been ill two years with attacks of chorea, and had been an out-patient twelve weeks, taking several remedies—as zinc, iron, etc., without benefit. She was advised to enter the hospital on January 12, 1859. She took Syr. aurantii ʒss, aq. ℥j ter. die, and at once began to improve. On February 1 she walked about, and was almost steady. In two more weeks she left well.

Several other cases of a similar nature might be mentioned, where the children recovered without the administration of any medicine, and we remember two cases where colchicum was given, after strong recommendation, with good result; but probably the disease had only worn itself out.—*Med. Times and Gaz.*, March 22, 1862.

Clinical Remarks on the Treatment of Diarrhœa in Children.—By Dr. Wilks. At the Royal Infirmary for Children but few remedies are in use, and respecting these we are favoured with the following remarks by Dr. Wilks. He states that the practice of a Hospital or Infirmary can scarcely be compared with that of the General Practitioner, and thus, probably, the variety of opinions concerning the treatment of this disease; and that, as diarrhœa so often occurs from some indiscretion in diet, from cold, or from some slight temporary cause, that the ordinary means adopted by medical men, or (amongst the poor), by the chemist, as a dose of castor oil, tincture of rhubarb, or may be an astringent mixture, are for the most part successful. Such cases do well under the simplest treatment, or even under one which most medical men adopt in their own cases—starvation for twenty-four hours until the attack be past. If the case do not, however, soon recover, all such means are useless, and the poor person, tired of the trouble or expense, comes to the hospital. It is then a case of one or two or perhaps three weeks' standing. The mucous membrane is relaxed, and cannot be compared with the condition arising from the temporary cause above mentioned. Dr. Wilks thinks the general use of astringents is owing to their name, and a general *à priori* belief in their efficacy; and also on account of the apparently good result which follows their administration in simple cases. If, however, the case should be protracted, as it is when it comes before the hospital physician, he finds these remedies of little value. Of this class of remedies the one which he likes best is the hæmatoxylon. This, however, being given with other medicine, a direct conclusion as to its efficacy can scarcely be arrived at. The mixture he uses is composed of extract of hæmatoxylon, ipecacuanha wine, and tincture of opium, made up with the ordinary chalk mixture. This is a very capital mixture where ulceration of the bowel exists, as in phthisis. Dr. Wilks' favourite remedy, however, is a mineral acid. Sulphuric acid he has often found successful, but also disappointing, and has thus preferred a mixture which has been spoken of lately as a new discovery—nitric acid with tincture of opium. This may be found recommended in the first edition of Maunsell and Evanson's work on "The Diseases of Children," published many years ago, and in which the authors speak of it as a well-known remedy, and used by the late Dr. Baillie in combination with infusion of simarouba. The re-discovery (if the term may be used) is a sufficient proof of the value of the remedy. Dr. Wilks finds it, above all others, useful in those chronic cases which come to the infirmary. Should the case put on a dysenteric character, he adds some vinum ipecacuanhæ. Indeed, in very long-standing cases, the acid with the ipecacuanha will often effect a cure when opium and all other remedies have failed. It is a remarkable fact, that although ipecacuanha seems to have as specific an effect on the intestine as any remedy which is deserving of the name, and was actually introduced into Paris two centuries ago under the name of *Radix antidysenterica*, yet many medical men do not employ this drug for gastric or intestinal complaints; and thus for years we have heard of the treatment of dysentery by various remedies, to the exclusion of this one. Of late, however, it has again been used in India with its old and wonted success.

It should always be remembered that "diarrhœa" is a general term, denoting merely looseness of the bowels; and it is for the medical man to determine on what cause this may depend, as a great variety may exist. The remarks here, however, apply to those cases especially amongst children where we know, from examination after death, that no very marked organic change has occurred, and therefore the simple term "diarrhœa" must be employed. In some of these cases where the nitric acid has failed, a mixture containing nitrate of silver has been given with success. This is a formula introduced into the Pharmacopœia of the Infirmary by Dr. Willshire, who has used it for years with much success. The dose is $\frac{1}{16}$th of a grain in ʒj of water.

There is extreme difficulty in arriving at a conclusion as to the relative merit of the ordinary medicines for diarrhœa, as it often happens that two cases may come to the Institution on the same day apparently alike in every respect, and to which the same medicine is given; and yet one is soon relieved, whilst the other patient receives no benefit. Then, by employing another medicine, a cure is immediately effected. Again, if in a third case this same medicine be given, the diarrhœa will continue until the remedy, which was unsuccessful in the previous case, be now administered. It is remarkable how often a change of medicine of this kind appears necessary, and what is beneficial for one case is useless in another. It may be, that two cases which appear exactly alike, are not absolutely so, but require different means from the onset. And what is more probable is, that in one case the original cause of the disease may have been long removed, although a chronic morbid condition of the mucous membrane may remain, whilst in another the irritating cause, whether that is improper food, water, or air, may still be present. The cause being persistent, the disease is so also, in spite of the counteracting influence of the medicines. All such causes may be removed in the case of a private patient, and a correct conclusion be arrived at regarding the value of any particular medicine, but amongst the poor, who flock to our charitable institutions, although an opportunity is offered of comparing together large numbers, yet the particular circumstances of each cannot be so well known.

Dr. Wilks also states that amongst the children patients, a large number come under the class of atrophy, a condition generally ensuing on weaning, or occurring before this period if the mother's milk be deficient or bad, or from other causes. In these miserable infants the limbs waste, the belly grows big, the chest falls in, and the head often enlarges. There may be difficulty of breathing, rolling of head, diarrhœa, etc., and, according as any of these is prominent, so the case may be treated by directing the efforts against one of these maladies. In such cases it is often found far better than treating the diarrhœa, to put the child on cod-liver oil and steel wine, when, as the general condition improves, the individual symptoms cease. — *Med. Times and Gaz.*, March 8, 1862.

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Abstract of a Clinical Lecture on Typhus Fever.—By W. W. Gull, M. D., Physician to Guy's Hospital. The case, the subject of Dr. Gull's remarks, was one of typhus fever. The man was admitted into the Clinical Ward on February 3, and is now nearly well. It might be said that it was too late now to make this case the subject of a clinical lecture, but unfortunately it had an important connection with other cases now in the wards.

This case, Dr. Gull said, although it had terminated in recovery, had, unfortunately, been the cause of deaths in two others, and of the illness of a third. Until very recently there had been very little typhus fever in the hospital. Many years ago this fever was very common, and was known generally as continued fever, or according to the circumstance which seemed to develop it, under the names of "Gaol Fever," "Camp Fever," "Famine Fever," or, from the more or less amount of rash, "Spotted Fever." It was the fever which was produced by famine, and it was now more or less prevalent in the West of Ireland, where there was great scarcity. It followed the track of large armies as a result of want of food and the hardships of war.

The patient, a man aged 28, was admitted into the Samaritan Ward on January 10, for a soft chancre. He remained otherwise well until January 26, when the first symptoms of fever appeared, and on the eighth day of the disease (February 3) he was transferred to Dr. Gull's care. He then had the mulberry rash, and purpuric spots on his arms, chest, and abdomen. His tongue was clean and dry, and tremulous. He had slight abdominal pain, but no diarrhœa. Urine, sp. gr. 1010, and contained albumen. The pulse in this case was 140; the respiration was not accurately noted, but was hurried.

On February 5, the eleventh day, a dark purple spot was observed on the abdomen, which gradually became larger—an ecchymosis, or, as it is often called, a vibex. The urine was still albuminous. There was now subsultus, and the patient could scarcely speak, from the tremulousness of the tongue.

On the twelfth day the pulse had risen to 160; the nostrils dilated when be breathed. There was still no evidence of implication of the colon, nor of enlargement of the spleen. On the 15th his illness had reached its climax, and on the next day he was evidently better, and from this date he steadily improved, his pulse on the 16th being 100, on the 18th 88, and on the 21st 60. Correspondingly with this improvement in the pulse the general condition of the system improved. On the 21st the patient asked to get up.

Although this case terminated favourably, two of the patients who caught the disease from him died. One was a man, aged 55, who was admitted into the clinical ward for wasting of the muscles of the hand. A nurse also had caught it and had died. A third patient who had taken it was now recovering from the disease. Of late, Dr. Gull said, typhus had exhibited a malignity equal to, or surpassing that of the plague. The mortality was greater than he had ever seen in any former epidemic.

Referring again to the case, the subject of the Lecture, Dr. Gull said that the youth of the patient—he was 28 years of age—was favourable. Typhus was fatal in proportion to the advance of years, typhoid was more fatal in youth. In this case Dr. Gull directed especial attention to the rate of the pulse; at the worst stage of the fever, about the fifteenth day, it had been up to 160. It was rare for a patient to recover from typhus who had a pulse so rapid as this. The tendency of the typhus poison was to induce exhaustion of the heart and capillary bloodvessels. It was generally called a blood disease, but he said that it was doubtful whether it was not rather a manifestation of the direct effects of the poison on the nervous system. There is no reason, he said, to believe that the blood, as blood, is directly injured by the poison, and, in fact, all the important phenomena of typhus fever may be studied from the nervous system.

The rash of typhus was not a definite physiological process in the skin, running a certain course as in typhoid fever, unlike that of typhoid fever the mulberry rash of typhus was continuous, being at first merely spots of congestion, which giving way, constitute petechiæ or small capillary hemorrhages. This rash was rather to be regarded as arising from previous exhaustion of the capillaries, leading often to rupture and effusion of blood, as petechiæ, and often, as in the case under discussion, the larger ecchymoses, so that really the large vibex mentioned as having formed on the abdomen was, Dr. Gull said, typical of the changes induced by typhus in the capillary circulation. The same changes no doubt also occurred in the viscera, viz., that the vessels lost their vital activity, and thus failed to convey the blood forwards, the tissues therefore were hyperæmic, and capillary hemorrhage thence ensued. The lungs became gorged, and the urine, often as in this case, contained albumen. Blood and albumen were often found in the urine in typhus, and some regarded their presence as an effort of nature to eliminate the poison. All these symptoms pointed to a universal exhaustion of the circulatory system from the heart to the capillaries. The typhus poison does not seem to produce any other changes in the tissue that are recognizable. After death nothing except such congestions are to be found. The subsultus and tremulousness of the tongue were equally symptoms of impaired nervous power; the patient might be able to protrude the tongue, but he could not easily keep it out steadily, the brain being too enfeebled to supply a continuous influence to the muscles. The dryness and brown colour of the tongue result from the muscles of the jaw failing to keep the mouth closed, the brown coating being due to particles of food and other accumulations on it, and not to any special exudation—an appearance common in other states of like exhaustion.

In reference to the course of the fever, Dr. Gull said that it might be likened to an inverted curve. For instance, from the outset, day by day they get gradually worse, the pulse becoming more frequent and weak, the breathing more rapid, and the symptoms of exhaustion increasing. A point is at length reached when the symptoms as gradually improve. As the first stage represents the descent, the stage of recovery represents the corresponding ascent up to the plane of health. He stated that the lowest part of the curve was arrived at on the fifteenth day, the depth of the curve being best determined by the pulse and breathing. The idea of the cyclical course of a fever was of practical importance. It indicated that the disease had a definite physiological history, and that it would, in spite of interference, complete it; that the patient must, in the nature of the case, get worse up to a certain point; and that then, if he had sufficient vigour, he would as certainly begin to mend. To enable the patient to reach this point was the important aim of treatment. That there is a certain turn after which amendment begins, has not been sufficiently recognized in later times, and hence the improvement has often been ascribed to treatment, rather than recognized as a natural feature of the disease. A few years ago, Dr. Gull said, when he was investigating typhus fever as to the question of time, he had under his care a patient who was extremely ill with the disease, and further gradually gravitating downwards. He was strongly urged to treat her with wine and brandy. He felt so certain, however, that this gradual increase of the bad symptoms was but the natural progress to a crisis, which he felt convinced the patient had vigour enough to reach and bear, that he did not complicate the case by treatment with stimulants. He gave simply beaf-tea, broths, and milk. The pulse advanced to 120, and for some hours to 130, but on the sixteenth day it began to fall, and the patient steadily improved. If, then, in this case, he had given stimulants, the recovery might have been attributed to this rather than to the natural course of the disease. The course of typhus, Dr. Gull said, was a very simple one, perhaps the most simple of any fever; in others it was often very complicated. When the lowest point was turned, there was in typhus but little trouble afterwards. The most necessary things in this disease were good hygiene and good nursing. If the patient can be kept alive for fifteen or sixteen days, he may be expected to recover, and is usually safe.

Although Dr. Gull said he believed firmly in the distinction of typhus and typhoid fever, he also believed that an advanced comparative pathology would show that they had a relation one to the other. In the present state of our knowledge, however, and for practical purposes, they are to be thought of as distinct diseases.

How does the patient get well? This is a question the answer to which bears on the therapeutics of the disease. Thus, some say that the patient gets well when he has eliminated the poison. If the typhus condition depended on the presence of a certain quantity of poison, it was difficult to believe that the patient could recover if he only recovered by eliminating it, for he was placed in just the same position for imbibing it as he was when exposed at first. Then it is just when the fever is most intense that the patient begins to improve. Though a typhus miasma emanates from the sick, there is no evidence that it is thrown off by elimination, leaving the body free of it; and now that it is eliminated, that it would not be reabsorbed. There is no reason, Dr. Gull said, for admitting that the poison was in less quantity in the body on the sixteenth day than on the day previous. The marked improvement about a certain day could not be accounted for on the elimination theory; it was plainly a result of living processes governed by time. He (Dr. Gull) could not believe in the theory of recovery by elimination. Whilst the patient was getting well, he was a source of infection to those around.

The common theory chiefly supported by the chemists is, that the poison of fever acts as a ferment in the system, inducing a peculiar zymosis, as it is called, whereby the fermentisible substance is destroyed, and coincidently the fever process ends, and the patient recovers, or, at least, has but to regain strength. In order to make this theory hold together, the chemists say that a person is born with certain substances in the body, as proved by the tendencies to various fevers—*e. g.*, a something the fermentation of which by the scarlatinal poison results in the phenomena of scarlet fever, another something acting on which the rubeoloid poison produces measles, and so for all other fevers. The patient is no longer susceptible after having once had a fever, because all the special "fermentisible" material has been exhausted by an attack. Dr. Gull said that he could not accept this theory. He thinks that instead of the system getting rid of the poison, it has, on the contrary, assimilated itself to it, and thus become indifferent to it. The facts of acclimatization are of an analogous kind; a person who goes to a new climate is subject, and soon suffers from the diseases peculiar to the climate, which diseases do not, or less frequently and to a much slighter degree, attack the natives. And further, that the person thus exposed, in time requires an immunity from further trouble. Again, as regards poisons, it is well known that a person after a time may take a poison without harm, for instance opium, which would kill another person who was not used to it. Dr. Gull then made a mechanical diagram in illustration to show how mechanical forces are indifferent to each other when parallel, and went on to say that he believed the system became, as it were, acclimatized to the typhus poison.—*Med. Times and Gaz.*, April 5, 1862.

HOSPITAL NOTES AND GLEANINGS.

Case of Severe Contusion of the Intestines from being suddenly squeezed between the Buffers of two Railway Trucks; Recovery.—In the treatment of injuries of the abdomen, or of the parts contained within the abdominal cavity, rest is the chief element. Not only should the patient be maintained in the horizontal position, but the intestines, or whatever organ within we may suspect to have been damaged, should be kept, as far as possible, in a state of repose. The often absolute impossibility of being able to determine whether the injury is limited to merely the abdominal walls, or, if not, what viscera are injured, demands that the treatment should be, to a great extent, expectant, and that the remedies should be those which we would employ did we know for certain that some of the parts within had suffered. The patient should be kept strictly in a state of rest, confined to his bed in the horizontal position. The peristaltic action of the bowels should be arrested by opium, and the smallest possible amount of food should be given, particularly if there is any tendency on the part of the patient to sickness. Hot poppy or belladonna fomentations to the abdomen, and the application of leeches to any painful spot, will often afford great relief. A little milk with lime water, or egg beat up with milk and brandy, may, if the patient can retain it, be given in teaspoonfuls at a time, with ice; but for the first few days after an injury to the abdomen, as little work as possible should be thrown upon the intestinal canal. The lower bowel may from time to time be relieved by small enemata, but the upper part of the intestinal canal should be kept perfectly quiet.

J. W., aged forty-one, was admitted into the Great Northern Hospital on the morning of January 29th, having just previously been suddenly and severely squeezed between the buffers of two railway trucks. At the time of the accident he was working on the Great Northern Railway, connecting trucks filled with manure. While thus engaged, one truck, which contained about eight tons of manure, came down the incline at the rate, he says, of between five and six miles an hour, and, in his endeavour to jump out of the way, he was caught between the buffers.

On his admission into the hospital, he was in a state of great collapse; the surface cold, pulse small and feeble. As he rallied, he complained of severe pain in the loins and around the belly, of difficulty of breathing, and sickness. No fracture of the ribs could be detected. The buffers appear to have caught him in the abdomen, and to have just escaped the ribs. He passed urine freely about six hours after his admission, and his lower bowel was relieved by an enema.

On the following morning (June 30th) he was seen by Mr. Lawson. He complained of great pain in the belly, which was distended, tympanitic, and discoloured from the contusion, especially towards the right side, where he suffered the greatest pain. He was constantly sick, vomiting even the smallest quantity of food. The urine clear and normal. Ordered half a grain of gum of opium every three hours; to keep up hot fomentations to the abdomen, and to take milk and lime-water in small quantities, with ice, as his only food.

Feb. 2d. Much the same. Still very sick, and the abdomen more distended. As he is unable to take the milk and lime-water, to have a mixture of egg, milk, and brandy in teaspoonful quantities at a time with ice. To continue the opium and repeat the enema.

5th. He has taken his nourishment much better, but only in the prescribed quantities. He still complains of constant nausea, and of great pain in the right side, and distension of the bowels. The abdomen is like a drum, immensely distended, and tympanitic. Ordered eight leeches over the most painful part, to increase the opium to a grain every two hours, and to repeat the enema, with the addition of a drachm and a half of confection of rue. The enemas afford him great relief, as although little or no feculent matter comes away, yet the return of the liquid is accompanied with a great discharge of flatus, and his belly for a time is much softer.

This treatment was steadily persevered in until Feb. 10th, the interval between the doses of the opium being occasionally increased when he became too much under its influence, or began to wander. He gradually improved, the pain diminishing, his breathing becoming easier, and his abdomen less tympanitic, and on the following morning his bowels without any purgative were freely opened.

From this time he rapidly improved, and in a few days was discharged from the hospital well.—*Lancet*, April 5, 1862.

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Hysteria; Wilful Self-infliction of Injury.—The records of surgery include many remarkable cases in which patients suffering under a morbid and commonly hysterical condition have inflicted various injuries on themselves, with the view of exciting the sympathy of their friends, and of deceiving their surgeons. These cases are to be distinguished from malingering as practised amongst soldiers, sailors, and others, who hope by such practices to obtain immunity from labour, or discharge from an irksome service; for in the class of cases to which we allude, the patients do not seem to propose to themselves any tangible benefits, but are apparently led by a senseless desire for sympathy, or a wish to create a sensation.

E. G., a young girl of good appearance and superior education, recently under the care of Mr. Ernest Hart at the West London Hospital, exhibited this peculiarity to a singular extent, going so far as to submit with content to have the end of her finger cut off, as the necessary consequence of the injuries which she inflicted on herself, and continuing the same course of concealed self-injury after the operation, with the apparent object of persuading Mr. Hart to remove the whole finger at the metacarpal joint. She first applied with abscess of the extremity of the forefinger, implicating the last joint. Several pieces of needles were extracted by Mr. Hart, and she said that she remembered a needle having broken into the finger. No suspicion was then excited as to her peculiar habit, but there is little doubt that the needles were wilfully introduced and broken into the flesh. Ultimately, the joint being extensively diseased, it was necessary to remove the extremity of the finger. Immediately after the stump had healed healthily, the patient presented herself again, with bleeding points in the course of the cicatrix, the rest of the finger being kept in a bent position, and the patient complained of great pain in all the joints of the finger. The finger was straightened and put on a splint, and oxide of zinc ointment applied; but she continued to present herself, the splint being always displaced, the stump bleeding, and the whole finger covered with small excoriations, and presenting a chapped and pseudo-eczematous surface. She complained of great pain in the part, and expressed a wish to have the whole finger removed. At the same time she managed to have several of her teeth extracted, and was taking medicine as a physician's outpatient. Struck with the obstinacy of these somewhat anomalous symptoms, Mr. Hart taxed her with wilfully producing them. This was energetically denied. Mr. Hart then encased the finger in cotton-wool, bandaged it to a splint, and *sealed* the bandages. This plan of preventing access to the finger had the desired effect of restoring it to a perfectly healthy state, and the patient was placed under the special supervision of her friends, and discharged as cured.—*Ibid.*

Cases of Reflex and Infantile Paralysis.—In closely testing the cases of paralysis under the care of Dr. **Brown-Séquard** at the National Hospital for the Paralyzed and Epileptic, it is observable that in all the great number of cases which come under treatment by that physician he rarely fails to detect indications of paralysis of both sides of the body. It is very common to read, to hear of, and even to see, cases of so called paralysis of one arm or of one leg, or solely of one side of the body; but the accurate tests which Dr. Brown-Séquard applies almost invariably bring out proofs that parts of the body on the other side also participate. The universality of this observation has an interesting bearing upon the physiology of the brain, since it seems to point to the fact that there is no complete decussation of the brain fibres, but that some remain to be concerned in the innervation of the same side of the body. In the treatment of paralysis Dr. Brown-Séquard first ascertains by the proper inquiries whether the disease has originated in the membranes or the substance of the nervous centres, and then proceeds to limit the diagnosis to the precise point and special character of the lesion. Iodide of potassium is a remedy largely and usefully employed here. Local blistering, the ferrocitrate of strychnine, together with blood and nervine tonics, are the other most common remedies. Amongst the most interesting are the cases of reflex paralysis, of which the study opens up comparatively a new field of observation, and suggests therapeutical resources fertile in good.

A remarkable case seen last week was that of a child who was stated to have "caught cold" eighteen weeks before, and who was the subject of a reflex paralysis of the eyelids and of some of the muscles of the eye. There was ptosis, prominence of the ball, and incapacity of abducting or adducting the eye, or of executing its rolling movements. Here, then, there was paralysis of the third, fourth, sixth, and seventh nerves. It was certainly reflex, for the iris was contracted firmly, so that one branch of the third was irritated and not paralyzed. Any central cause which must have operated by causing pressure both behind and in front of the pons Varolii, must, indeed, have been of considerable magnitude. But the cause was evidently reflex. The treatment advised was iron with minute doses of strychnine, and to be carefully watched; local Faradization, or the local application of heat by cloths to the surface.

In such a case, accurate diagnosis is the main step to cure. In investigating the cases of paralysis amongst children, Dr. Brown-Séquard points out occasionally the evils which have accrued from the application of the term infantile paralysis to the paralytic affections of children, as though they were of one generic kind, and to be treated on a uniform general principle, and apart from the varied forms of paralysis seen in older persons. Dr. Brown-Séquard also sometimes points out cases of paralysis arising from a very wide range of differing causes almost as great as that in the case of adults. In one child it has followed an eruptive fever, and is the result of a sudden effusion into the ventricles of the brain; in another, the child is observed to cry out at night, to start in his dreams, and to raise his hand to his head. Here tubercular meningitis may be looked for. In a third, peripheral irritation may be discovered. These distinctions are of the utmost importance in treatment; and, before any course is undertaken, it is necessary to make out the cause and character of the paralytic affection.—*Lancet*, March 8, 1862.

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Operations of Solution and Extraction in the Treatment of Cases of Hard Cataract in a certain Condition of the Eye.—Systematic works on diseases of the eye describe three operations for cataract—extraction, depression, and solution; but depression is less resorted to than the two others, especially in London practice; and some surgeons, among whom is Mr. Walton, never resort to it at all, because at best it is but a makeshift, and is attended with the greatest risk to the eye. A hard cataract is extracted because the acquired density demands the entire removal of the body. When a cataract is soft—that is, when the crystalline lens is not firmer than natural, but, what is more common, is of less consistency—by a process of breaking down, and very little disturbance of the degenerated mass, particularly if the aqueous humour be admitted by the rupture of the capsule, as in the operation for solution, the lens tissue, or whatever remains of it, together with the new products, oil, sometimes cholesterine, &c., get absorbed. But in hard cataract a practical mechanical difficulty may interfere with extraction, to illustrate which and to show how to overcome it is the object of the present report.

A female, aged fifty-two, was admitted a patient at the Central London Ophthalmic Hospital with double hard cataract, incipient in one eye and far advanced in the other. They pressed forward so much as apparently to meet the cornea. The ordinary operation for extraction was out of the question, except the iris were much wounded and a large portion cut off. According to Mr. Walton, the more extended an operation, or the greater the magnitude of it, and the more numerous the tissues excised, the greater the severity, and also the peril to the eye; and as regards the function of the organ, till the proposition can be overthrown, that a healthy acting iris with a central pupil is better and gives more perfect vision than a paralyzed muscle with a displaced, fixed, and irregular aperture, the integrity of the eye must be respected and maintained to the utmost.

The operation for solution was performed on the most advanced eye with all the care and caution that the circumstances of the case demanded, and the process repeated. The effect was all that could be desired; the surface of the cataract was absorbed, while the centre remained *in situ*, there being no dislocation.

Although the pupil was as much obscured as ever, the reduction in the cataract bulk caused the iris to fall back, and a good-sized anterior chamber resulted, affording ample room for the passage of the cataract-knife. Mr. Walton now performed the operation of extraction as usual, except that the curette was not used, because the lens-capsule had been sufficiently lacerated by the previous operations. Nothing unfavourable happened; the iris was not touched.

The extracted nucleus showed all the characteristics of the centre of a hard cataract, being very dense and dry. It is this state which resists the process of absorption. The irritation occasioned by the escape of a hard nucleus into either of the chambers of the eye is very great, and frequently causes destructive inflammation.

The eye was opened in a week; the cornea had united; the pupil was central, clear, and round, and the sight excellent.

It is just thirty years since Mr. Tyrrell suggested the double operation in such instances as the above. He advised that the absorption be allowed to proceed till the bulk of the lens is sufficiently reduced to afford space for extraction. But this proceeding has never received support, and has not even been alluded to by some authors. We understand from Mr. Walton that he has frequently practised it with the best results; from whom also we learn that where this bulging coexists with hard cataract, the lens-surface has for the most part undergone softening—a destructive process which may ultimately end in fluidity. Is the bulging of the iris due to any peculiarity in the cataract itself? Mr. Walton says it is not. He has seen the iris preternaturally forward after the cataract had been removed, and in one instance of soft cataract its very prominent position was never altered. In reference to this subject, he says further, in his work on the Surgical Diseases of the Eye (2d ed., p. 511)—"It has been supposed that soft cataracts increase in size; and indication of it is afforded in smallness of the posterior chamber. This is really no proof, as changes in the posterior part of the eye, especially preternatural vascularity of the ciliary apparatus, may throw the cataract forward, and even more or less destroy the anterior chamber: besides, this could not take place except the capsule enlarges—a very unlikely occurrence."—*Lancet*, April 5, 1862.

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Amaurosis from White Atrophy of the Optic Nerve.—The following case is a good example of a class which the ophthalmoscope has shown to be somewhat frequent. It is, however, of especial interest in reference to the therapeutics, as one of our most active remedies had a full and a fair trial. It is a clinical fact of much importance, that this form of amaurosis not unfrequently occurs in persons apparently in good health.

John B., aged 22, a very healthy-looking young man, florid, well-grown, and of clear complexion, applied at the Royal London Ophthalmic Hospital, on January 6, 1861, being almost blind. He could just see a white sheet of paper, but not to distinguish letters of the largest type. Could see the window and distinguish the bars, but only "confusedly."

His account was that up to March last he had good sight. He was then engaged in close occupation as a clerk in the city, sitting at the desk all day. He noticed that he could not see the lines of his writing well, and within a fortnight of the first dimness he was unable to go on with his work, and at six weeks' end he could not make out the figures on his watch-face. He had no head symptoms whatever, except headache, a sort of darting pain at the back of the eyes through the forehead. His appetite was good, sleep sound, no excessive sleepiness, used to dream much, but this he had always been accustomed to. He had lived in London a year before the loss of his sight, having previously lived in the country. Within a fortnight of the commencement of symptoms he put himself under the care of Mr. Wharton Jones, who gave mercury and used blisters, the latter being kept open. He believes that he took mercury for four months (March to June), and in May was freely salivated. The salivation was kept up for a month, but with no benefit.

He did not at any time notice any variations in his sight. The blindness steadily advanced. For four months he has been about as at present; not liable to cold feet, but occasionally to cramp, especially in the front of the legs; has been through life a total abstainer from all stimulants; used to smoke a little.

In boyhood, his mother says, he had several times attacks of illness (measles, fever, &c.), in which his head was affected, "was delirious;" but from these he quite recovered. He has an excellent memory, was always studious, and seems remarkably clear-headed. In boyhood he was always liable to nervous headache, but had not suffered much from them during the year preceding the loss of sight. The pupils were of little more than natural size, and both fairly movable on exposure to light, the right especially acted freely and quickly. On ophthalmoscopic examination, both optic disks were seen to be of a bluish-white colour, and destitute of small vessels; their margins were abrupt, and their state generally, quite typical of white atrophy. The larger trunks of the arteria centralis retinæ were somewhat diminished in size, but not extremely so, whilst the veins were large, and tinged with dark purple blood; the retina generally was rather velvety.

This case seems to afford an excellent illustration of white atrophy of the optic nerves coming on without any assignable cause, and without any coexisting symptoms of cerebral mischief; its course in the commencement was unusually rapid. Mercury was fully and judiciously tried, but without the smallest benefit. It is clear, from the state of the retinal vessels, that extreme diminution of the large arteries is not an early condition. The minute vessels of the optic nerve itself, those which give the pink tint to the optic disk, had wholly disappeared.—*Ibid.*

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Lithotrity in a Boy four years of age; Stone crushed in one Sitting—cured in one week.—A healthy looking boy, aged four years and three months, suffering from symptoms of stone in the bladder, was admitted into the London Hospital January 23d, 1862, under the care of Mr. Curling. The boy had frequent and painful micturition, and was constantly pinching the prepuce. His urine was slightly acid, and contained mucus. These symptoms had not been observed longer than two or three months. On the 27th Mr. Curling found him suffering more than usual, and on passing a small sound readily detected a stone just as the instrument entered the bladder. The boy felt easier after this examination. Mr. Curling supposed that he had pushed back a calculus from the entrance of the urethra; and concluding from this circumstance, and from the brief duration of the symptoms, that the stone was small in size, determined on performing lithotrity.

Jan. 30th.—Chloroform was given, and, a catheter having been passed, about four ounces of tepid water were injected into the bladder. A small French, lithotrite was introduced, and a stone was easily seized and crushed. Some calculous matter lodged in the scoop of the instrument proved to be lithate of ammonia. The little patient was completely relieved by the operation. All symptoms of stone ceased, and on being carefully sounded at the end of a week none could be detected, and he was discharged cured.—*Lancet*, March 8, 1862.

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Alkalinuria depending upon Spinal Disease, and following Hæmaturia.—There has been lately an interesting case at St. Bartholomew's Hospital, which well illustrates the influence of spinal mischief upon the bladder and the urine.

George E——, a delicate looking man, aged fifty-six, an omnibus driver, with the atheromatous expression, was admitted on the 27th of June, 1861, with hæmaturia, which had commenced the day before. He had been rheumatic sometimes in the loins, but there was no tenderness in the region of the kidneys. After a few days it was found necessary to evacuate the bladder occasionally, night and morning, with the catheter. The blood in the urine continued until the 8th of July, when its disappearance was complete, under the use of acetate of lead. From that time the urine continued to be alkaline, notwithstanding the use of benzoic acid and various other remedies to overcome it. He had, however, had impaired power over the bladder for many months, and on the 25th of July this extended to the legs, the use of which was deficient. This condition went on slowly increasing until the limbs became almost powerless, although he could very slowly draw up the legs in bed, and as slowly extend them again. From these and other symptoms present, Dr. Farre thought that there was disease of the spinal cord going on, probably softening, which, from the man's general appearance, might also pervade the base of the brain. He had been taking a twentieth of a grain of strychnine three times a day for some time, and had wine and good nourishment. There was a little but no decided benefit observed; in fact, the urine passed involuntarily, though not the motions; and his legs became very much emaciated. He subsequently left the hospital.—*Lancet*, March 8, 1862.

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Hemorrhage from the Bowel, for one year, produced by a Polypus in the Rectum—Removal of the Polypus—Recovery.—The connection between hemorrhage from the bowel and polypus of the rectum is now well recognized, and the following case is a good instance illustrating the fact:—

A boy, aged 10, was brought to Mr. Bryant for hemorrhage from the bowel, of one year's duration, it had not been constant during the whole of that period, but was very frequent, and for the last three months had been profuse; it occurred both during defecation and between the intervals; otherwise the child's health was good. He had been under medical care, but no local examination had been made.

Mr. Bryant at once, from the symptoms, recognized the disease, which an examination confirmed. A large polypus the size of a nut was drawn down and ligatured. All symptoms immediately were relieved, and the boy had had no return three months subsequently.—*Med. Times and Gaz.*, March 22, 1862.

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Inflammation of the Tongue.—This is not only a rare disease, but is one of great danger; it is generally described as seldom terminating in suppuration; but this hardly appears to be correct. The following case occurring in the practice of Mr. Bryant will be read with interest:—

A healthy carman, aged 37, applied to Mr. Bryant, at Guy's Hospital, on February 3, with inflammation of the tongue. Without any known cause it appeared five days previously with pain and swelling. This increased gradually, so that when seen the tongue nearly filled the mouth. The man, however, could swallow fluids. There was some fever and constitutional disturbance. The glands were also somewhat enlarged. Salines were given and hot fomentations ordered, which gave great relief. On the following day an abscess formed and broke in the centre of the tongue, giving exit to about a teaspoonful of pus, and affording instant relief. All swelling then gradually subsided, and in two weeks the man was convalescent.—*Med. Times and Gaz.*, March 22, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

New Hall of the Philadelphia College of Physicians.—In our number for February, 1859, p. 29, we announced the agreement entered into between the Philadelphia College of Physicians and the late Dr. T. D. Mütter, in accordance with which Dr. M. liberally conveyed to the college his pathological cabinet, and placed in trust the sum of thirty thousand dollars, the interest of which is to be paid to the college for the maintenance and increase of the museum, the payment of a curator, and the endowment of a lectureship on surgical pathology; the college, on their part, covenanting to erect within five years a fire-proof building of sufficient dimensions to accommodate the museum, and to adopt certain measures for carrying into effect the design of Dr. Mütter.

The College of Physicians have now commenced to carry out their part in this agreement. A lot was purchased some time since at the northeast corner of Locust and

13th Streets, extending to Centre Street, and having fronts on Locust and Centre Streets of sixty feet, and a front on 13th St. of 110 feet. Upon this they have commenced the erection of a two-story fire-proof building. This will contain on the first floor a hall and stairway, with two large rooms for the Mütter Museum, a curator's room, a janitor's room, and commodious apartments for a janitor's family.

The second story will contain a spacious lecture-room, a small room adjoining for the use of the lecturer; two fine rooms for the accommodation of the library and for the meetings of the college, a committee room, and a librarian's room.

The library of the college is at present a large and valuable one, and very extensive and important additions are promised so soon as the new building is completed. In a few years it will probably be one of the most extensive and valuable medical libraries in the country.

The Mütter pathological museum, by the judicious expenditure of the considerable sum which will annually be appropriated for its increase, must in a few years become extensive and useful; and we cannot but believe that this valuable library and museum will tend to maintain for Philadelphia the pre-eminence she has so long enjoyed for the opportunities here afforded for instruction in medical science.

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American Medical Association, Annual Meeting.—It will be perceived by the following notice that the annual meeting of our national congress has been again very judiciously, we think, postponed.

"We, the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with officers and members in each important section of the country accessible to the Committee, feel constrained to give notice to the profession, that the regular *Annual Meeting* of the Association is further postponed until the first Tuesday in June, 1863.

N. S. Davis, E. Andrews,
J. Bloodgood, De Laskie Miller,
J. W. Freer, Thomas Bevan,
H. W. Jones, *Committee.*

Chicago, March 29th, 1862."

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New York Academy of Medicine.—At a stated meeting of the Academy held March 19th, 1862, the following preamble and resolutions were presented by Dr. A. H. Stevens, and unanimously adopted:—

Whereas, during the present unhappy war many of our professional brethren in service among the combatants have risked their lives, or gone into voluntary captivity, rather than desert their sick and wounded, and have exercised their skill alike on friend and foe: Therefore,

Be it Resolved, That in such conduct this Academy recognizes the true spirit which should ever animate the ministers of humanity, and in testimony whereof,

It further Resolves, To welcome to its sittings those who have acted under these self-sacrificing and generous impulses.

On motion of Dr. J. H. Griscom, the Secretary was directed to send a copy of the above to each Medical Journal in the country.

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Medical Department of Columbia College.—At the commencement held on the 18th of March, the degree of M. D. was conferred on 68 candidates.

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Bellevue Hospital Medical College.—At the annual commencement on the 17th of March last, the degree of M. D. was conferred on 28 candidates.

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Starling Medicol College.—At a commencement, Feb. 24th, 1862, the degree of M. D. was conferred on 11 candidates.

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Association of Medical Superintendents of American Institutions for the Insane.—Dr. John Curwen, the Secretary, announces that the sixteenth annual meeting of this association, postponed from June 11th, 1861, will be held at the "City Hotel," in the city of Providence, Rhode Island, on Tuesday, June 10th, 1862, at 10 o'clock A. M.

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American Pharmaceutical Association.—The annual meeting of this association is to be held, we learn, in Philadelphia, on the fourth Wednesday in August next.

FOREIGN INTELLIGENCE.

Utility of Coffee in Soldiers' Diet.—M. Larrey, having been called upon by the Council of Health of the Department of the Seine for his opinion as to the desirableness of an extensive employment of coffee in the soldier's diet, speaks in his reply in the warmest terms concerning its use. He states that upon his father's recommendation it was employed freely in Algeria, with the best effects upon the soldier's health, as a substitute for brandy. It has also seemed to act in some measure as a prophylactic to intermittent fever, and to counteract some of the ill effects resulting from the general use of *absinthe*. He disapproves, however, of the addition of chicory, the laxative properties of which tend to counteract the good effects of coffee as an article of military diet. One of the most incontestable effects of coffee is the neutralizing the debilitating influence of heat, for which, indeed, the Orientals regard it as a specific; thirst is thus appeased, and the pernicious consequences from drinking cold water during transpiration avoided. M. Larrey is disposed to attribute in some degree to the regular employment of coffee, the absence of epidemic disease during the Italian campaign of 1859. During long marches the soldier's spirits are quite as well raised by coffee as by brandy, while the effect is much less fugacious.—*Ibid.*

Early Vaccination.—The Annual Report of the Vaccine Committee recently presented to the French Academy, presents some interest from the fact that the question of early vaccination, mooted some months ago, is fully discussed. M. Depaul, the reporter, states that in spite of the opposition raised to the vaccination of new-born children, the researches of the committee tend to show that this operation is not more dangerous in very early life than at the second or third month. In private practice, where the chances of variolous infection are much less than in the wards of an hospital, vaccination may, as a general rule, be delayed; but in the latter case such delays are dangerous, for, from one hour to another, cases of smallpox may be admitted. "If all children," continues M. Depaul, "were vaccinated within the first two or three days after birth, smallpox, already rare now in comparison with what it was formerly, would, we are convinced, completely disappear. The result has already been obtained by certain zealous vaccinators in the provinces. Such a rule should be all the more stringent in the case of Foundling Hospitals, as a means of diminishing the already too great mortality, and of preventing the spread of infection in the provinces by means of children in whom vaccination has either been ill done or altogether neglected." In the subsequent discussion, M. Robert suggested that very possibly the dangers (and among them erysipelas) alleged as incident to early vaccination depended upon the plurality of incisions made for the introduction of the lymph. With a view to the avoidance of such complications, this surgeon stated that the late M. Legroux (physician of the Hôtel Dieu) was in the habit of limiting his lancet punctures to one.—*Lancet*, Feb. 8, 1862.

Medical Use of Malt in Germany.—It would appear that German physicians have been for some time past using malt in bronchitic and dyspeptic affections with some benefit. The solution of malt, after one hour's maceration in water at 75° centigr., is peculiar, inasmuch as gluten is found in it in a dissolved condition. Malt is being used in the form of powder taken into the stomach, or added to warm baths, and also to make a kind of beer. M. Frémy, of Paris, has tried these preparations, and states in the *Moniteur des Sciences* that he considers them as excellent tonics.—*Ibid.*

The Artificial Production of Ozone.—M. Delahousse suggests that the purification of the wards of hospitals may be accomplished effectually by the artificial generation of ozone, a substance which, by its great oxidizing power, secures the rapid destruction of miasmata. A platinum wire, twisted into a close spiral form and placed under a reversed funnel, should be rendered incandescent by Bunsen's pile, and a constant source of ozone is thus provided. The characteristic odour of the ozone is at once perceived, and the test-papers exhibit its presence. The apparatus should be placed high up in the ward.—*Ibid.*, from *Gaz. des Hôp.*, No. 35.

Health of the Allies in Mexico.—The number of sick, says *L'Union Médicale*, is daily increasing, in spite of the spring season. The Spaniards, though used to the climate of Cuba, have more than 1000 sick, besides 700 men going back to Havana in a state of convalescence. The French and English, however, thanks to good medical care, have only 600 fever cases, of which, among the French, there are a good many of a typhoid character.—*Lancet*, April 5, 1862.

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Purulent Ophthalmia in the Prussian Army.—It is stated in the German Journals, that 4798 soldiers in the Prussian Army are at present laid up with purulent ophthalmia.

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Mortality of London during 1861.—The Registrar General has favoured us with his Summary of the Weekly Returns of Births, Deaths, and Causes of Death in London, for the year 1861. The population, which was 2,803,989 on April 8, is estimated to have increased by the middle of the year to 2,815,138 by the weekly increment of 11,149. In the ten years that intervened between the last two censuses the amount of increase of the London population was equal to 121 daily. But its natural increase, viz., the excess of births over deaths, did not much exceed 72 daily; whence it follows that nearly fifty persons on an average arrived and settled each day in the metropolis over and above that unascertained number of settlers who only stepped into the places of persons who left it for parts in these islands beyond its bounds, or for more distant regions of the globe. Whether London is equal to the task of providing by new and improved arrangements for this constant accumulation of human beings within its limits, still remains to be determined by experience. When a family increases in its narrow lodging, in circumstances of dirt and squalor, that increase which should be its blessing becomes its bane; and at last fever destroys what slow disease may have spared. And in a city or a state the growth of its population is not a strength to be trusted, but a weakness to be feared, if improvement in its physical and moral condition is not commensurate with the growing urgency of its wants. "Besides many hopeful improvements," says the Registrar, "what is of prime necessity, the working classes have probably become more awakened to the care of their own health—to the importance of keeping their dwellings sweet and dry. This task, which is imposed on the people themselves, and can only be performed by them, it is the object of police regulations to render possible; and unless it is fulfilled, public works will comparatively little avail. Altogether there is abundant proof of that increased regard for human life that attends civilization; and though much remains to be accomplished, it is true according to the proverb that a work begun is half done." In the ten years 1840–9, the mean rate of mortality in London was 2.51 per cent.; in the subsequent decennium, 1850–9, it fell to 2.36 per cent. It is still more satisfactory to observe, that the rate of mortality in each of the last three years, 1859–61, has been less than the lower of the two rates that have just been mentioned. In 1860 the rate was 2.26; in 1861 it was 2.32. If the mortality of London were confined permanently within the limit represented by the mean rate of the last three years, the effect of that reduction in the population as it exists at present would be that more than 4000 persons would survive annually, whose lives would drop under the mean rate derived from the twenty years 1840–59. And if measures that have been already adopted are not relaxed, the amount of benefit will be increased, as the population that is the subject of it is increased. But a higher standard of health than any which the present tables show is possible, and it may be hoped, will be attained. Sixty-five thousand and one deaths were registered in London in 1861. In the March, June, September, and December quarters those thousands occurred in several proportions, which were nearly as follows:—19, 15, 15, and 16. The mean temperature of the air (49°·4) was higher than that of the preceding year (47°) and the mortality was also higher by about 3000 deaths. The two years were distinguished nosologically by a greater amount of fever in 1861, especially towards the end of it, by the much greater prevalence of diarrhœa, and a general increase of disorders of the digestive organs. But last year the mortality from bronchitis and pneumonia was less. There were 215 deaths from smallpox, a mortality which is less than that of the same disease in any of the last thirteen years, except 1857. In 1852 and 1859 the annual deaths were more than 1100. Scarlatina was fatal in 2358 cases; diphtheria in 697. Both diseases increased towards the end of the year. Croup and whooping-cough were very fatal; but the former, like scarlatina and diphtheria, increased towards the end of the year; the latter diminished. Quinsy also rose, and with other throat complaints was most fatal in the December quarter. Scarlatina appears to have visited all quarters of the metropolis, and with considerable impartiality. There were 1754 deaths from typhus. It did not appear in unusual force till the latter part of the year, and, therefore, the total mortality was not great. Indeed, it was much less than that of many previous years. The most fatal zymotic disease in the year was whooping-cough (3497); next to it scarlatina with diphtheria; then diarrhœa (2625). In respect to the last complaint the summer quarter was as usual the season of its activity. There were 2247 deaths by violence in the year. This class of cases bears a rather larger proportion to the mortality from all causes than it did ten years ago. The number of persons last year who received fatal fractures and contusions was 719. Falls from scaffolds and street accidents make their annual contributions to the list. When building operations are extended in all directions, and the stream of men and horses from the widening area pours through old channels into the centres of traffic, casualities of this description must increase faster than the population. The railway system extended, and reaching to the heart of the metropolis, will counteract this tendency. But an ædileship that will widen the streets, open new approaches, and prevent or quickly sweep from the streets and pavements the hideous shoals of mud and dirt that periodically cover them, will promote the public health and safety, and in an immeasurable degree the public comfort. The number of deaths in 116 public institutions was 10,276, or nearly a sixth part of the whole. Of that number more than a half occurred in workhouses. Of 100 persons who shared the common fate of humanity, nine died in establishments provided by parochial rates; six in hospitals for the treatment of sick persons.—*Ibid.*

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The Peabody Gift to the London Poor.—The *Med. Times and Gaz.* (March 29, 1862,) notices Mr. Geo. Peabody's gift to the London Poor in the following terms:—

"On behalf of the English community, which is engaged in the Practice of Medicine, we offer our thanks to Mr. Peabody for his munificent gift to the poor of London. Mr. George Peabody is known to many of our readers as a Northern American merchant, who has long resided in London, and has amassed a fortune fit for a prince, which he uses with even more than princely generosity. He has already founded libraries at Danvers, Massachusetts, the place of his birth, and at Baltimore; and now, after twenty-five years' residence in London, he gives the sum of £150,000 for the benefit of the London poor. And the manner in which the gift is to be bestowed is as judicious as the gift is liberal. He proposes to apply the fund or a portion of it, in the construction of such improved dwellings for the poor as may combine in the utmost possible degree the essentials of "healthfulness, comfort, social enjoyment, and economy." Thus Mr. Peabody refuses to squander his wealth in the miserable shifts and expedients of doles and alms-giving, in Consumption Hospitals, Refuges for the Incurable, and other well-meaning and meddlesome attempts at palliating *consequences.* On the contrary, he aims at prevention rather than cure, and desires to surround the poor with the conditions necessary for their training in frugality, cleanliness and virtue. It seems humiliating; but we hope Englishmen are not ashamed to confess the truth, even though at the expense of their pride. Mr. Peabody gives schools and libraries to his own countrymen. To our poor, he offers what is one of the necessities of civilized existence—the decent home—without which schools are useless.

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Budget of the Public Charities of Paris for 1862.—The General Administration of the Public Charities of Paris estimates its budget for 1862 at 25,029,609 francs. It is calculated that accommodation will have to be provided for 2195 insane (854 men and 1541 women) in the two Hospices devoted to their reception. In seven Hospices and three *Masons de Rétrait*, there will be 7784 admissions, as also 542 admissions into the Foundling Hospital (there being also 22,052 children placed out in the country). The eight general Hospitals will admit 3932, the special Hospitals 3379, and the municipal *Mason de Santé* 300 patients, making altogether 29 establishments and 17,832 individuals. These establishments have to be worked by 2915 *employés* of various grades, whose salaries amount to 1,741,203 francs. The Medical service consists of 93 Physicians, 41 Surgeons, 18 *Pharmaciens*, and 230 *élèves*—altogether

382—receiving in payment 354,800 francs. The mean of the indemnity is 1833 francs for the Physicians, 1346 francs for the Surgeons, 2378 francs for the *Pharmaciens*, and 496 francs for the *élèves*. Among the sums to be expended are—for the nourishment and treatment of the sick and indigent, 8,342.000 francs; fuel, light, washing; and material, 2,649,290 francs; location of infants in the country, 2,557,518 francs; and *sécours a domicile*, 3,270,727 francs.

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M. Briquet *on American Statistics.*—Quite an amusing discussion has been going on lately in the Academy of Medicine of France, on Hospital Statistics. It appears that comparisons were made between the statistics of the French and English hospitals very unfavourable to the latter which brought forth a large amount of patriotism, and as the easiest way of satisfying their vanity, some of the speakers got over the difficulty by denying the truthfulness of the English statistics, which they denounced as utterly unreliable. Among others M. Briquet was particularly patriotic, and having settled the English after this fashion he did the Americans the honour of noticing their statistics. We take the following report of Mr. B.'s remarks on this subject from a letter by the Paris Correspondent of the *London Med. Times and Gaz.* (March 29th, 1862.)

"American statistics, he said, were altogether absurd. M. Malgaigne had quoted the results of Surgical practice obtained in the Massachusetts Hospital; but he (M. Briquet) had taken the greatest possible pains to ascertain whether such a place as Massachusetts actually existed, and he had found out that it did not. After having pronounced this tremendous discovery, which was listened to by the Academy with a mixture of amazement and indignation at having been thus taken in by the cunning of the Yankees, M. Briquet went on to say that there was, indeed, a State of the name of Massachusetts, with Boston for its capital. (The members of the Academy breathed more freely.) In that country there were several so-called Massachusetts Hospitals; but there was not one Special Hospital exclusively distinguished by that name. M. Malgaigne had, therefore, been altogether wrong in his assertions. It is surely very hard for the Physicians and Surgeons of the 'Massachusetts General Hospital' to see the very existence of their institution thus flatly denied; but M. Briquet has, unfortunately for them, never been in America, and he is, therefore, according to his own premises, quite justified in doubting anything said to exist in a country which has by Nature been denied the happiness to belong to the French Empire."

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Americanized England.—[The following article, which we extract from a late No. (Feb. 15th, 1862) of the London *Medical Times and Gazette*, may amuse our readers. An ungenerous disposition to disparage the political institutions of this country, of which they really know but little, seems to be now very general in England, and every opportunity is seized to gratify that unamiable feeling. Our readers, while they cannot mistake the *animus* which dictated the following remarks, may be puzzled to discover from the statement in what respects the institutions of Monarchical England possess any advantage over those of Federal America.]

"We do not wish our institutions to be Americanized. We do not want the control of public affairs taken from educated and disinterested persons, with no feeling of responsibility, and no sense of shame, and thrown into the hands of a mob, without knowledge or honour to deter them from selfishness and jobbery." Such are the words of thoughtful politicians, when we read of the baneful effects of mob government on the other side the Atlantic. Strange is it how all measures for really benefiting the masses of the population are repudiated by so-called democratic reformers. The persons into whose power the accidents of mob government have thrown the control of municipal affairs, have succeeded seven times, as the *American Medical Times* informs us, in defeating every measure of sanitary reform in New York. Still there is an earnest band of citizens who appeal to them year after year, and who are determined first to wrest the municipal power from the unwholesome hands into which it has passed, and then to begin and legislate against the prevalent sources of pollution and death. Near home, we may see in Winchester a specimen of a thoroughly Americanized city. A memorial was presented to the Town Council on the 6th inst., praying for an inquiry into the state of the sewerage. This memorial, signed by 519 householders possessing by far the largest portion of the ratable property in the borough, was accompanied by a letter from Dr. Crawford, urging the necessity of a survey of the town as a preliminary step.

"The cost of such survey," says Dr. Crawford, "need not, as Mr. Rawlinson informed us, exceed £50, or a single farthing in the pound on the rental of the borough. But, if the Council should have doubts or misapprehensions on that point, I am ready, in conjunction with the Dean of Winchester and the Warden of the College, who kindly desire to share the responsibility and rely on the support of the committee whom I represent, to guarantee that the expense of the survey shall not exceed the sum mentioned, and further, if it prove that the sewering of the town would exceed Mr. Rawlinson's estimate, so much that the Council shall on that account refuse to carry it out, we will undertake to pay the whole of the costs of such survey.

"In conclusion, Mr. Mayor," continues Dr. Crawford, "I trust I may be permitted in my own person as a Physician, having had more than forty years' intimate knowledge of the city, to express my deliberate conviction that the health of many of our fellow-citizens is being continually undermined, and the lives of not a few absolutely sacrificed by the want of proper drainage. Whilst many other towns have been making great efforts to improve their sanitary condition, Winchester has stood still. Though capable of being rendered, as it were, a Sanatorium, to attract strangers from far and near, it has been sinking in repute as a place of residence. Our College, so famed throughout the land, has suffered severely from this cause, and as a further warning to us to set our houses in order, it has been determined to remove the County Hospital out of the city, a measure which is calculated to lower the value of property within our bounds, and one which would never have been proposed if the sewering of the town had been an accomplished fact. I trust, therefore, that every member of the council, acting as a guardian of the public health and property as well as the public purse, will feel it individually to be his solemn and responsible duty to give the memorial his most earnest consideration."

When we state that the proposition to entertain this scheme for a gratuitous survey was rejected by the Town Council by a majority of seventeen to seven, it is evident that Winchester is sufficiently Americanized for the present, and that the educated class of inhabitants had better bestir themselves to get the Municipal authority into better hands.

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Diseased Meat.—[The following account of the meat sometimes furnished to the poorer inhabitants of London by unprincipled butchers and traders, extracted from a late No. of the *London Medical Times and Gazette*, April 5, 1862, is well calculated to excite the profoundest horror and disgust, and must satisfy every reasonable person of the necessity for stringent sanitary supervision, which should be extended to all the concerns of life, if we desire that our existence should not be prematurely cut off, or that while it continues, it should not be burdened with sickness and suffering so as to render it a curse instead of a blessing. We might retort upon our London cotemporary by saying we do not wish our markets to be Anglicised]

British ornithology does not include the vulture; the purlieus of London are not invested with dogs and jackals, like those of Eastern cities; and since the drift period, hyænas have formed no part of our fauna. The place and office of these useful removers of carrion are, amongst our civilized selves, discharged by the poor and their families. When a bullock or sheep exhibits symptoms of disease, the butcher is immediately sent for to relieve the owner of the death-stricken beast—the natural termination of its malady is anticipated by a few hours, and its flesh is sold by the Saturday evening gas-light to the wife of the cachectic mechanic or hard-working navvy. For the last twelve years, the attention of the profession and public have been forcibly drawn to the existence of this traffic; but, in spite of penal enactments, the efforts of health officers and inspectors, and the warnings of the medical press, the trade still flourishes. In the year 1850, Mr. J. Harper enlightened the London public by declaring on oath, before the Smithfield Market Commissioners, that diseased meat, to an enormous extent, was purchased by the soup-shops, sausage-makers, the à-la-mode beef and meat-pie shops; that he had reason to believe that one soup-shop alone traded to the amount of five hundred pounds per week in meat of this character, and that anything in the shape of flesh could be sold at one penny per pound, or eightpence per stone. He added, that the London market was very extensively supplied with diseased meat from the country; that three insurance offices existed in London in which graziers could insure their beasts, and that it was the practice of one of these offices to send the unsound animals dying from disease to their own slaughter houses, situate a hundred and sixty miles from London, to be dressed and sent to the London market. "Cattle and sheep were insured against all kinds of diseases; and one of the conditions was, that the animals when dead became the property of the insurance company, the party insuring receiving two-thirds the value of the animal and one-third of the salvage, or, in other words, one-third of the amount the beast is sold for when dead." Since that time pamphlets have been written, committees have sat, reports have been drawn up and published, and various efforts have been made to stop the traffic—and with what effect? On Tuesday, March 18, 1862, at the City Court of Sewers, Dr. Letheby stated that in the previous fortnight the City Officers had seized 4763 lbs. of meat unfit for human food, of which 3269 lbs. bore evidence of disease, 182 lbs. were putrid, and 1312 lbs. were from animals that had died from disease. When it is remembered that this collection of pathological specimens was proffered for sale in the city alone, it will be allowed that as yet but little inroad has been made on the evil.

The question, Whence comes the supply of diseased meat? has received some light from the investigations of Mr. John Gamgee, Principal of the New Veterinary College of Edinburgh. This gentleman has lately published in the *Edinburgh Veterinary Review* a paper on the health of stock, from which it appears that one large source of supply is to be found in the urban cow-houses. Of late years two forms of epizootic disease have been particularly rife amongst cattle—one a contagious form of pleuro-pneumonia, the other an affection known as the "foot and mouth disease," in which eczema coexists with an aphthous or diphtheritic condition of the mucous membrane of the mouth. Pleuro-pneumonia is at present in England by far the most fatal of all maladies amongst ruminant stock, whilst affections of the stomach and bowels cause the death of the greatest number of horses. The evidence Mr. Gamgee collected amongst the London dairy-keepers amounts to this, that within the last few years cows in every dairy in the city have been affected with pleuro-pneumonia, and that in every case the diseased beasts have been disposed of to the butchers. One dairyman asserted that "thousands of animals have been sold to the butchers by the cow-feeders of London, in all stages of the disease." But it must not be supposed that the Londoners are solely indebted to the dairy-keepers for bad meat as well as for bad milk. In most of the grazing districts of the Island the contagious lung disease has spread, following in a remarkable manner the lines of bovine intercourse, and the universal testimony of veterinary practitioners is, that as soon as an animal, be it sheep or ox, shows any sign of the malady, it is immediately slaughtered, and its carcase is sent to London or one of the great towns. At the same time, it would seem that the affection has been particularly rife and severe amongst London dairy stock, partly in consequence of exposure to contagion at market, and partly—at least in some instances—from the favouring influences of crowded, ill-ventilated, and filthy cow-sheds. It must be acknowledged, that if the amount of diseased meat seized by the inspectors employed under the various health officers in the Metropolis be contrasted with the huge mountains of flesh represented by the 483,388 bullocks, the 2,140,393 sheep, the 132,976 calves, and the 159,052 pigs, which Dr. Wynter calculates are yearly consumed in the Metropolis, the proportion sinks into very small dimensions. But be it remembered that the meat so seized represents but a fraction of the morbid material consumed. A large quantity goes at once, doubtless, to the sausage and soup makers, and for that which attracts the notice of the officers, a much greater amount passes unobserved. If it were not so, the trade would, perforce, long since have ceased, for it would have been no longer remunerative. Seizures are not made in doubtful or slightly marked cases. Dr. Letheby's description of a sheep slaughtered in a state of acute disease, which Messrs. Bonser and Son, of Newgate Market, contended was fit for food, furnishes at once a telling example of the condition of a carcase exposed for sale, and of the audacity of dealers. In this case, he says, "the meat was not only diseased and unsound, but from the circumstance that the animal had been killed while in a state of high fever, from acute inflammation of the lungs and pleura, it was manifestly unfit for human food. The conclusion was derived, not merely from the fact that there was pleuritic adhesion between the lungs and chest—for these alone are but of small importance, and are never regarded as serious signs when they are of old standing. It is rare, indeed, to find an animal entirely free from them, although its flesh may be in the soundest condition; they are, in fact, the signs of disease which has passed away. In the present case, however, the whole of the walls of the chest were covered with recently effused lymph, which was hanging upon them in pulpy shreds. The pleura was in a state of active inflammation; and the animal at the time of its death was suffering from acute pleuro-pneumonia. The whole system, therefore, must have participated in the disease, and have been affected with the concomitant fever." In the same report Dr. Letheby mentions an instance which occurred at Kingsland in 1860, where sixty-four persons were seized with all the symptoms of irritant poisoning, and one died, from eating some sausages made from the flesh of a lean cow sent to the butcher from one of the London cow-houses.

A safeguard against similar occurrences might, we believe, be found in the abolition of private slaughter-houses. We trust that these nuisances are already doomed. If *abattoirs* were constantly open for public inspection, and if no animal were allowed to be privately killed and dressed, the traffic in diseased meat would soon sink within insignificant limits.

A friend of ours, in conversation with a well-known purveyor, once put the question, whether he ever sold meat of any animal exhibiting traces of disease to his customers? "Oh dear no, sir," was the reply, "I should be very sorry to act so by the public; if anything wrong is discovered, I always send it to Newgate Market."

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A Novel Marriage License.—M. GIORDANO, Professor of Midwifery at the University of Turin, gave this year the lecture introductory to the business of the session, and alluded principally to deformities of the pelvis in relation to marriage. So impressed is the professor with the importance of a capacious pelvis in a married woman that he proposes the following regulation: "Every woman shall be required, before signing the marriage register, to produce a certificate respecting the proper conformation of her pelvis." Another summary measure touching pelvic organs has been proposed by M. Larghi, of Vercelli: as a preventive of puerperal fever, the lining membrane of the uterus should be well brushed with a solution of nitrate of silver.—*Ibid.*, from *L'Union Médicale.*

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M. Piorry.—Under the building processes going on in Paris, the house of M. Piorry has to be levelled. M. Piorry, therefore, like the rest of the unfortunates who are in his position, demands compensation from the jury whose business it is to assess the damage done. M. Piorry has himself drawn up his *procès-verbal*, and presented his claim. M. Piorry states that he paid 3,200 *francs per annum* for his last house, and now has to pay 7,000 *francs;* and, for other reasons which he states at length—for repairs, new furniture, etc.—he makes his *material* damages amount to 31,000 *francs.* Then, as regards his practice; the whole quarter is pulled down; no porter, therefore, can give his new address when any one comes to inquire for him at his old house. His practice is special. Strangers and country people most commonly consult him; and, as these persons are generally furnished with the addresses of several doctors, they will go to those whose houses they can more readily find. This loss he puts down at 50,000 *francs.* He next claims damages for the inconvenience, annoyance, and trouble caused by this change of residence. Altogether, his claim amounted to 100,000 *francs.* The jury gave him 10,000, or 10 per cent. of the same!

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Lithotrity performed on King Leopold.—M. CIVIALE has lately performed lithotrity on King Leopold of Belgium. The calculus was small, and was crushed successfully in two sittings. Some time since M. C. performed the same operation for King Bomba, for which service he received a fee of 25,000 dollars.

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CLINICS.

CLINICAL LECTURES.

Clinical Notes on Intemperance and its Prevention.—By ROBERT DRUITT, M. R. C. P., London. (Continued from p. 71.)

I have hitherto spoken of the bodily sensations which lead to intemperance; but the mental are of infinitely greater consequence. And here let me notice the most cruel and unreasonable neglect with which minor mental affections are treated. I speak not of what is formally called "insanity," but of the nervous wretchedness, the bad spirits, the dejection and groundless fears of the feeble and hypochondriacal. If a woman have a pain in the side, or a spot on the skin, her husband will immediately seek medical relief for her, though her bodily sufferings be but slight, and her mental none at all. She may be essentially as cheerful and happy as ever, spite of a little pain, which she readily bears. But let the same woman be ill in that which constitutes her very inner self; let her thoughts be gloomy, hopeless, and self-tormenting, so that her life is as miserable as if she were a prey to remorse for the most grievous crimes, and then what is done for her? Either she is despised as a fool, and told so. Or she is argued with; just as if any one would entertain irrational fears if they were capable of being argued away. Or she is scolded for sinful despondency, and told that she is wicked to despair. Or she is told to drink; to have a glass of port wine

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when she feels low—or all these things may happen to her in turn, till, at last, the husband coming home unexpectedly some day, finds his wife drunk! Christian friends then wonder how a lady could so degrade herself; all the blame is laid on the victim's head, and not one word said about those who have so cruelly neglected her, through utter ignorance of mental physiology, and blindness to the things going on under their eyes.

A man lately brought his wife to me, saying, "Really, sir, I don't know if it is of any use to ask you to see her; there is absolutely nothing the matter with her, but she is such a fool. She is moping and crying all day, with nothing on earth to cry about. She has every comfort that a woman can have, and yet is never happy, though I keep telling her how wicked and foolish she is."

I once saw a lady who had been found out in a drunken fit. Her relatives were sent for. Her mother and an aunt came; the former thrashed her with her fists; the latter pounded her with texts of Scripture, such as, "The wicked shall be turned into hell," and about "a lake of fire reserved for liars and drunkards," etc., and this to a poor wretch, who fled to the gin bottle for relief from inward misery that was uncared for by those about her, and so timid, as she told me, that she had scarcely courage to give an order to her own maid. From what I have seen of the secret solitary drinkers, it is in vain to attempt to terrify them with notions of punishment, present or future; there is no state that they can conceive of more wretched than that which exists within them, and for which they seek a short respite in drunkenness.

Mental suffering is far worse to bear than bodily, and it is almost as common, especially amongst the educated classes. It is really the source of that disposition on the part of educated and refined persons to encourage quacks, of which regular practitioners complain. When regular practitioners cease to utter the formula, "Madam, I assure you your complaints are purely nervous," and with that formula to dismiss the case as unworthy of notice, then they will have a right to complain that their patient seeks from a quack the solace which they will not stoop to administer.

Of the forms of mental suffering, short of what is called "insanity," yet frightfully common, more distressing than any bodily illness, more incurable, and most pernicious—in tempting women to drink, I have already mentioned *nervousness*. The best description of it was given by Charles Lamb. "Business," he says, "which I once used to enter upon with some degree of alacrity, now wearies, affrights, and perplexes me. I fancy all sorts of discouragements, and am ready to give up an occupation which gives me bread, from a harassing conceit of incapacity. The slightest commission given me by a friend, or any small duty which I have to perform for myself, as giving orders to a tradesman, haunts me as a labour impossible to be got through." To the mental are added bodily symptoms of the same sort, as the shaking hand and unsteady sight. These symptoms may be caused by bodily weakness alone, by worry of mind, by use of narcotics, and more especially of alcohol, by green tea, and equally by too much sleep. The hours during which they are most tormenting, are between early morning and the mid day meal. The difficulty in relieving them arises from the difficulty of coercing a feeble stomach, reeking with the dregs of yesterday's malassimilation, to receive and digest food early in the day. Hence, wine and spirits are fatally tempting. Of this again, when I speak of treatment.

Whoever lives without risk of suicide, has passing through his brain during waking hours an easily flowing succession of thoughts, the result of which is a comfortable degree of self-reliance, self-satisfaction, and self-respect. But illness, anxiety of mind, and self-reproach at misfortunes unavoidable or not, may enfeeble the brain, and produce a train of thought which is positively painful, and requires effort to bear patiently. They next enfeeble those powers by which we distinguish between matter of fact and matter of imagination. There is many a case of ill-nourished brain seen in daily practice, between which and melancholia the line of demarcation is not well marked.

In May, 1854, a medical friend called on me, bringing with him the last volume of the Medico-Chirurgical Transactions, which he opened, and asked me to look at a paper by Dr. S. W. J. Merriman "On Inversion of the Womb." He looked as wretched as possible, and told me that a very important patient of his, whom he had recently attended, and whose good word was of the highest consequence, had met with this accident, and that he was afraid to reveal it, but that out it must come soon, and that the patient would die and himself be ruined. Of course I condoled with him, and asked particulars. But the odd thing was that I could get no particulars; the inversion had been taken for granted. So I advised my friend, instead of going and confessing to the husband, to take an opportunity of examining the patient, to find whether the womb were really inverted or no. He did so, and found that he had been disquieting himself about a mere fiction of the imagination. He had been suffering from loss of rest, irregular meals, and great anxiety of mind, and had got his brain into so feeble a state that it was enslaved by an hallucination. Rest, good living, and wine speedily cured him; but it is a singular fact, that two years later, he got the same crotchet into his head respecting another patient about whom he had been much harassed.

This case may be an example of the morbid fancies which haunt the brain of the wretched hypochondriac, unable to weigh and dismiss them with a clear judgment. The commonest is the notion that other persons' words and actions are intentionally offensive. In such cases, whether the evil be great or little, alcoholic liquids strengthen the judgment, change the current of thought and render it agreeable, beget a comfortable sense of self-respect, and enable the patient to bear his woes. Hence, the use of them may be, first, a dangerous remedy; next, an inveterate aggravation of the original malady.

The process by which *grief* leads to drinking is short and easy as the path to Avernus. There is no doubt but that grief—the condition caused by the news of some great calamity—produces effects on the brain of a physical character. The sufferer feels a sudden rush of blood to the head; a faintness; a dull pain; a sense as if the head would burst and the eyes start from their sockets; a stunned feeling, followed by a soreness; and inability to control the thoughts, which roll round and round in one distressing circle, without the power to dismiss them and entertain others. Between a man who receives shocking news and one who receives a blow from a stick, there is this difference; the physical injury is over at once; the mental persists and may grow in virulence. To the mental torture is soon superadded bodily illness; and the effects of grief which I have seen have been in one of these forms.

There may be, first, the effects of exhaustion—of the great wear and tear of the brain. This was well described to me some time ago by a widow. Intense occupation in nursing a sick husband had ceased suddenly with his death. "When the house is shut at night," she said, "and everything quiet around me, then my sad thoughts come pouring down upon me, and go on, round and round, and over and over again. After a time, as I lie tossing about, a most horrible faint sinking comes over me, as if my heart and inside were clean gone, and I was sinking into the earth, bed and all. Then I must have brandy. I get out and take it, and sleep and feel better; if I do not, I am good for nothing the next day.

The second effect of grief is shown in those disorders of the blood which seem to result from admixture with it of destroyed organic matter, the result of nervous wear and tear. The usual symptom is sick headache; stunning headache, with vomiting of bile, or of acid stuff, or both, and large elimination of uric acid by the kidneys. Boils notoriously may be induced by grief; so may gout. I once was told by a man that a fit of vexation from disappointed love had settled in his nose and produced carbuncle there. It was quite true. There is much reason, too, for believing that grief may conduce to cancer.

Thirdly, there are more or less permanent disorders of the nervous system. There is a form of hysteria in which pains are, as vulgarly said, "simulated." I recollect seeing a young lady bathed in tears, and complaining of violent pain in the side. She expanded her chest in such a way as to show that the cause of pain was not seated in the side; but the mind was deeply wounded; she was ill; sympathy was a necessity to her; the pain was but a reflex effect of a broken heart. This, as I humbly conceive, is the key to the obstinate, inscrutable, and apparently utterly abnormal pains and local complaints of hysteric young women. As a sailor will feel pain in the legs which were cut off years ago, as disease of the nervous centres may cause pain in the extreme nervous branches, so a mind deeply wounded, especially with a grief that must be hidden, produces some outward local pain.

Hence the obstinate pain in the knee, or ankle, or spine, the spasms, and other symptoms of severe hysteria. I have seen cases, from long-hidden grief, of utter fatal atrophy of body and imbecility of mind; such patients might have been saved by a greater use of wine, under medical direction; but yet might probably have become confirmed intemperates. Many a man lives as an intemperate, who, but for alcohol, would have died. In counting up the evils of alcohol, it is but fair to subtract from them those which it finds and alleviates.

Grief fills the mind with images which are positively noisome. *Stagnation*, in which the mind is simply not supplied by any images at all, is as bad or worse. Such is the condition of persons of middle age who have lost hope; whose schemes of life are blighted, who have failed in their calling, and are too old to choose another. Such are the physicians at sixty who hate the profession, and wish they had gone to the bar: such the barristers who "always felt that they had a taste for physic;" and the soldiers who say that the service is clearly going to the devil, and that only incompetent fools get promotion. Such are too many of the inmates of almshouses, refuges, and colleges for decayed professional men or their widows. Such are many of the single women of limited income who live in those protestant convents, the boarding-houses that abound in the suburbs of London; such are the shepherds in the Australian bush, who after months of monotony, must go and get drunk to save their lives by a little excitement.

Of the effects of anxiety of mind, the following may be an example: A patient writes, "I received intelligence which caused me intense anxiety, which lasted several days. Absorbed though I was, I could not not help noticing my bodily sensations. After a fit of more anxious musing than usual, I had such singing in my ears, giddiness, etc., feeling as if all my flesh was asleep. My feet felt partly as if they had 'pins and needles,' and partly as if there were wool inside the soles of my feet. And such a craving for food and drink!"

But there are certain perturbed states of the nervous system which directly lead to drinking, and which seem not to be engendered by outward circumstances, but by some congenital defect in the original formation or in the development of the nervous system. Such are the cases which may be called "primary hysteria," and (with certain reservations) "moral insanity." There are young persons of either sex, whose nervous system is in such a state that the ordinary occupations and surroundings which give happiness to others, give none to them. They are wretched and dissatisfied, and seek for some additional means of excitement. That excitement is found in two modes—in tormenting others, and indulging themselves. There are children who from tender age do the most malicious and mischievous acts, merely to gratify themselves. Such was a young lady who, when on a visit, hid the dressing-case of another visitor; such are the girls who set fire to houses; and others, of whom a good example may be cited—the unfortunnte and notorious girl to whom the name of the "Female Jesuit" was ignorantly and slanderously given, and whose history was published with ludicrous simplicity by a miserable preacher upon whom she had quartered herself, and whom she deluded and tormented for months. Not long ago, I was consulted about a young lady, rich and good-looking, but restless, always craving for excitement; able to have almost every indulgence that money could procure, and to travel wherever she liked, yet secretly a drinker.

Here I must stop for the present. Let me sum up by saying, that as of bodily ailments, so of the minor mental perturbations met with in common life, there is a vast amount whose natural tendency is to seduce into intemperate habits, because alcoholic liquors give temporary relief. Such mental ailments are too often treated by scolding, argument, or *le prêche*. They ought to receive the most refined and careful medical attention; and if they did, many a case of suicide, insanity, and drunkenness would be prevented.—*Ibid.*

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Clinical Lecture on Diphtheria.—By Thomas Hillier, M. D., Senior Assistant Physician to the Hospital for Sick Children.

Gentlemen: I propose to-day to call your attention to a few cases of *Diphtheria* which have come under my notice at this hospital during the past twelve months, and to make a few remarks on them as I proceed. This disease, as you are aware, has been epidemic in different parts of this country for more than six years, in fact, since the summer of 1855.

The last great prevalence of the disease in Britain was in the middle of the last century; since then a few slight local epidemics have occurred, and isolated cases have come under the notice of practitioners in large practice, but from their occurring at very long intervals, were frequently not understood or referred to their proper category. In France during the present century this disease has been much more prevalent than in this country. M. Bretonneau, in 1821, was the first, of recent years, to describe an epidemic of diphtheria, calling especial attention to the fact that it was not accompanied by gangrene but by a pellicle of false membrane; hence the name (from διφθερα, a hide or skin).

Since it first appeared in Cornwall in 1855, it has invaded the greater part of England, remaining in some places only a few weeks, in others having remained fixed for three or four years.

In London the disease has not been proportionally so rife as in many parts of the country. In 1860 there were in London 480 deaths registered from diphtheria, and in 1861, 697 deaths. There have been more deaths in the southern districts than in the northern or central districts of London.

In this hospital in 1857 there were 5 cases; in 1858, 4 out-patients and 6 in-patients; in 1859, 12 out-patients and 5 in-patients; in 1860, 6 out-patients and 3 in-patients.

Besides these cases, which only include the diseases for which the patients came under treatment, there have been a few other secondary cases which developed themselves in the wards whilst children were under treatment for other maladies.

The cases on which my remarks will be based are fifteen in number, which have come under my own care here; out of this number there were seven deaths and eight recoveries; and I shall make some allusion to a few cases that have come under the care of my colleague, Dr. West, and to several which I have seen in private.

Of the seven fatal cases under my care, only three were previously in moderately good health, the other four being secondary—one to acute tubercular disease, one to severe rickets, one to acute Bright's disease, and one to tubercular disease of the vertebræ and amyloid disease of the liver and kidneys, with advanced albuminuria and anæmia. Three of the four intercurrent cases were expected to die from their primary malady within a short period.

I will first read you the notes of a fatal case occurring in a healthy child of two years old, in whom the symptoms came on (as is often the case) insidiously, and were not appreciated by the medical man in attendance, who ascribed her cough and fretfulness to a cold, combined with dentition. (Florence K.) She only came under my notice on the day before her death, having suffered from catarrhal symptoms and a cough for fourteen days previously.

In this case no time was given for any constitutional remedies to take effect. I regret, however, that tracheotomy was not employed, although there is reason to believe from the post-mortem examination that, even when admitted, the diphtheritic membrane had extended below the point at which an opening would have been made into the air-passages, and the disease would probably have extended after the operation.

In this instance the patient died mainly from asphyxia caused by the mechanical impediment to respiration, the general strength being also much reduced, no doubt, by the action of the disease on the system.

I will next read to you the notes of another fatal case, but one in which death was not hastened by the deposit extending to the air-passages, or to any other part, but occurred after the false membrane was quite removed, the patient dying of gradual asthenia, with great deficiency in the elimination of urinary products, and much albuminuria. (George E.)

This case is a very remarkable and instructive one. He was taken ill nine days before admission, complaining of sore-throat, with some pain in swallowing, and languor. Five days before admission his nurse noticed that there was a thick white deposit at the back of his throat.

On admission, there was a thick loose white membrane on both tonsils, the arches of the palate, and the sides of the uvula, with the appearance of a deposit at the back of the pharynx.

Under the use of the tincture of the sesquichloride of iron, applied locally and taken internally, with wine and fluid nourishment, the throat got well in about eight or nine days. There was no laryngeal cough or difficulty of breathing at any time, but slight hoarseness of the voice (especially after examination of the throat) for two or three days. The urine was albuminous on the day of admission, and continued so until death, becoming more and more so from day to day, whilst the amount of secretion was much diminished, so as to amount at last to about two or three ounces in twenty-four hours. The sediment from the urine showed under the microscope some crystals of uric acid; a few cells of renal epithelium, and casts of tubes, both of small and large sizes, some being granular, others being homogeneous waxy casts of medium size.

There was no anasarca or dropsy of any kind throughout.

There was but little difficulty or pain in swallowing at any time, and this was quite absent as the throat improved under local treatment. There was not that great aversion to food which is so commom a symptom in this disease. The general strength was reduced on admission, and became gradually more and more so as time went on; for four days after admission he was strong enough to sit up in bed and play with his toys.

The pulse throughout was weak; for the first week it varied in frequency from 104 to 128; gradually rising the first four days of his stay in the hospital, and then falling in frequency till, on the 27th and 28th, being his eighth and ninth days in the hospital, and about the eighteenth and nineteenth days of the disease, his pulse fell to 88 in the minute. On the following day it rose to 104, being much weaker; two days later it had risen to 122, and was slightly irregular; the next day, being fourteen days after his admission, and twenty-three days from his first symptoms, the pulse was imperceptible, and about noon he died.

Sickness set in on January 30, three days before his death, and continued to be a serious and exhausting symptom till the last. Throughout the case the intellectual functions were undisturbed, and the child was contented and cheerful.

This case proves that the general disease is not always cured when the local lesion is arrested. Trousseau says, "By interposing energetically to combat the first manifestation (by which he means the local affection), we can sometimes arrest the progress, and prevent the ulterior manifestations."—*Clinique Médicale*, p. 363.

I am inclined to think that he is right in saying that we may *sometimes* thus arrest the disease; in this case, however, mischief had been going on for nine days before the boy came under our observation, and the morbid changes had been going on during that time without any hindrance. He had already assumed that pale waxy appearance which is induced by this blood poison.

Dr. Jenner maintains, "that *all* we are to expect from the topical employment of active agents, such as nitrate of silver, is the arrest of the exudation process before it has extended to the larynx, and the prevention of the absorption of fetid matters." These objects are in themselves sufficiently important, and are enough to indicate the use of local applications in all cases where the disease has not extended so far downwards as to be beyond our reach. I cannot help thinking, however, that we do something more than this by acting locally on the throat, if the case comes under our notice at an early period; and that we really do in some way check the progress of the general disease. Be this as it may, there can be no question that the local lesion is but a small part of the disease, the anatomical characters of a constitutional malady, not by any means the cause of all the symptoms or the essence of the disease. The patient may die of the general disease, or of the severity of the local lesion, just as in *typhoid fever*.

The main anatomical character of diphtheria is an exudation of lymph on the mucous membrane, deposited usually at one point, and with a tendency to spread rapidly to adjoining parts. This exudation appears to be dependent on a peculiar and specific inflammation of the membrane on which it appears. The commonest seat of its origin is one of the tonsils; it may commence on the soft palate, or the uvula, or at the back of the pharynx. Occasionally the mucous membrane of the nares is the part from which it starts, giving rise to a very grave form of diphtheria which is often unsuspected until it has made considerable progress. In this case the membrane cannot be seen, but there is a muco-purulent discharge from the nostrils, with occasional ulceration of the orifice. The discharge may or may or not be fetid; usually not at first. There is a form of disease sometimes occurring after scarlatina in which there is a most offensive, thin, serous discharge from the nostrils, coming on about the seventh, eighth, or ninth day of the disease.

Trousseau thus refers to these cases: "They have an attack of scarlatina of medium severity; they have a little nocturnal delirium, scarcely any nervous complications; the pulse is tolerably frequent; the pain in the throat is moderately severe. The disease arrived at the eighth or ninth day, it seems that recovery is certain; fever has fallen, the eruption has disappeared, and we congratulate the relations. Suddenly a considerable swelling shows itself at the angle of the jaws; it occupies not only this region, but extends even to the neck, and sometimes a part of the face; a sanious, fetid, very abundant fluid flows from the nasal fossæ; the tonsils are much swollen, the breath gives out an insufferable odour; the pulse is small, and resumes suddenly its great frequency; delirium and other nervous symptoms are reproduced; delirium persists, coma supervenes, at the same time the skin grows cold, the pulse becomes feebler and feebler, and the patient dies gradually after three or four days, or dies suddenly, carried off as by syncope." He believes that cases such as this depend on diphtheria coming on as a disease secondary to the scarlatina, arguing from the general depression, the smallness of the pulse, the fœtor of the breath, and the pallor of the skin, and the extreme frequency of a fatal issue; but he does not say that he has ever sèen the diphtheritic membrane. We know that true diphtheria may complicate scarlatina, or occur as a secondary disease soon after an attack of scarlatina; but I think it very doubtful whether this form of the disease is to be referred to diphtheria. A case of the kind came under my observation in November last, in the person of a boy aged three years (Joseph S.), who on the third day of an imperfectly-defined attack of scarlatina, was seized with running at the nose of a muco-purulent and excessively fetid character. There was a good deal of swelling near the angles of the jaws, a very frequent pulse, and great debility. These symptoms very gradually subsided, not being completely removed till the end of nearly a month. The conjunctiva of the left eye and lachrymal sac became inflamed on the ninth day, and on the eleventh day there was divergent strabismus of that eye, which lasted for a week. There was slight desquamation of the skin from the eleventh to the nineteenth day, and traces of albumen in the urine during the same period. The extreme prostration attending these symptoms, and the great fetor of the breath would, I suppose, induce M. Trousseau to class this case under the head of secondary diphtheria. In the absence of visible false membrane, I do not know whether we are justified in so regarding it. The strabismus of a transitory nature is very peculiar, unattended as it was by any other nervous symptoms. We must, I suppose, ascribe it to a temporary paralysis of the internal rectus of that eye, rather than to an excessive action of the external rectus, seeing that the inflammation was chiefly confined to the *inner* side of the eye. It may be somewhat analogous to the paralysis of the velum pendulum palati, which is not uncommonly met with after attacks of diphtheria.

It is frequently stated in books, that the breath in diphtheria is usualy fetid. This is certainly not commonly true in regard to children, at any rate until the disease has existed for many days, and the membrane has become much disintegrated, and portions of food entangled in it have become decomposed. As a general rule, in the cases I have seen, the breath has been not at all fetid, affording a marked contrast with cases of sloughing sore-throat, or even of tonsillitis, which is often attended by a very disagreeable odour. M. Trousseau alludes to the swelling of the glands of the neck as another sign of some importance in diphtheria. I quite agree, however, with Dr. Jenner, that this symptom is not usually more marked in this disease than it commonly is in other affections where the pharynx or tonsils are inflamed; and that the enlargement of the glands "has generally been in proportion to the severity and depth of the local nasal, pharyngeal, and tracheal disease." Still, I can quite believe that in some epidemics of the disease, glandular swellings may be more marked, just as in some epidemics of scarlatina the swelling in and around the lymphatics of the neck has been out of proportion to the amount of disease within the throat.

At the onset of diphtheria there is redness and slight swelling of the part first attacked, with a little excess of tenacious mucus causing a glairy appearance, then a white or gray patch. The redness may be confined to the immediate neighbourhood of the spot attacked, or may extend to the whole mucous membrane at the back of the mouth which is visible; it is often of a dusky, rather purple, tint. There may be one starting-point, or much more rarely two or three. The exudation then commonly spreads downwards towards the upper surface of the epiglottis, over this process, over the arytæno-epiglottidean folds down into the larynx, the trachea and even the bronchi; it often extends forwards on to the soft palate, upwards to the nares, and more rarely down into the œsophagus. This last mode of extension I have never met with. Occasionally the deposit starts from the larynx, and then we get all the signs of croup at the onset. A remarkable case of this kind occurred in the person of a medical friend of my own, whose case is alluded to by Dr. Jenner in his lectures, and was reported by me in the *Medical Times and Gazette* for February, 1861.

Dyspnœa and croupy cough were here preceded only by symptoms of debility, but by no deposit on the fauces, and only slight pain in deglutition, and a little redness and swelling. In this case laryngotomy was performed by Mr. Quain on the third day, and the patient recovered after a lengthened illness, nearly dying about the fifth day from asthenia, which was averted by nutritive and stimulant enemata. I have also seen a case in which death occurred in thirty-six hours, just as in cases of croup; this was at University College hospital.

How are these cases to be distinguished from croup? I maintain that it is impossible to distinguish them; in fact, I believe them to be the same disease. All the French writers on this disease I believe, without exception, regard them as one and the same complaint. If you turn to Dr. West's[1] account of twenty-three cases of croup that came under his notice between May, 1839, and April, 1849, at a time when diphtheria was not thought of here, you see that eleven were idiopathic and twelve secondary. Five of the former and two of the latter recovered. In two of the idiopathic cases that recovered, a scanty formation of false membrane was observed on the velum and tonsils; but no false membrane was found on the fauces of the other three idiopathic cases. Of the twelve secondary cases ten died, and of these seven presented false membrane on the soft palate or fauces, and two on the œsophagus. So that in nine instances out of twenty-three of these cases of croup, there was lymph deposited on the fauces. This account, it is true, does not entirely correspond with other descriptions of croup occurring in more healthy districts of England, but still they were undoubted cases of non-epidemic croup, which assumed an asthenic character, probably from the bad drainage of the district and the poverty of the people. In what respect do those cases with deposit on the fauces differ from some of our cases of diphtheria! In none whatever that I can discover. If we look to the character of the lymph exuded in diphtheria, this will not help us to draw a line between the two diseases; now and then, it is true, we get granular, pulpy, cream-like exudation; but in other equally undoubted cases of diphtheria the lymph is thick, tough, and elastic, and under the microscope exhibits a fibrillar arrangement, exactly the same as we meet with in the most sthenic cases of croup. "Between the two extremes we meet with every variety as regards consistence and tenacity." The corpuscular element predominates in the softer pulpy variety, and the fibrillar element in the tough plastic variety.

What, then, are the distinctions between diphtheria and croup as laid down by Dr. Jenner? "There is no evidence to show that croup is anything more than a local disease, that it is contagious, that it occurs as a wide-spread epidemic, that it affects a large proportion of adults, that there is albumen in the urine, that symptoms of disordered innervation follow recovery from the primary affection."

First as to contagion: On this point there is much difference of opinion, even as it regards diphtheria; and if we suppose that the contagion is produced by direct contact of the contagious material (which is probably the lymph or sputa) with some mucous membrane or abraded surface, as there is good reason to suppose—and that even this is not sufficient to induce the disease unless a person be predisposed to it, we can quite understand that diphtheria or croup may exist as an isolated disease, and when confined to the larynx, and there is no epidemic influence predisposing people generally to its occurrence, other children may not take it. Then as to its epidemic character; that appears to me to be begging the question.

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[1] Dr. West, "Diseases of Children."

I maintain that diphtheria is epidemic croup, or that croup is sporadic diphtheria of the air-passages; when croup is epidemic, it assumes the form of diphtheria. We may get mild isolated cases of scarlatina simplex when there is no epidemic of the disease. Are they more unlike epidemic scarlatina anginosa than sthenic croup is unlike asthenic, pharyngeal, or nasal diphtheria? As to its attacking adults, we can readily understand that when the disease is not epidemic, children only will suffer; when it is epidemic, adults are unable to withstand its attacks; just as now we get every summer cholera in infants, but in adults we only get it when it becomes epidemic. As to albumen in the urine, there is albumen found in unmistakable severe cases of croup, as well as in diphtheria, as I have myself observed in two instances. "The symptoms of disordered innervation which sometimes follow recovery" from diphtheria, afford the strongest argument, in my mind, in favour of the theory of their distinctness. But when we see how recently attention has been called to these symptoms, even in diphtheria, that they have only been recognized in Paris about eight years, that they escaped the attention of M. Bretonneau in the epidemics which he so ably describes, if, indeed, they were present, which is very doubtful, we need not be much surprised that they should not have been seen in this country succeeding croup, or, at any rate, not be recognized as a direct sequel of that disease. The symptoms to which I refer, you are, I presume, acquainted with—namely, different paralyses, such as of the velum pendulum palati and muscles of the pharynx, of the lower and upper extremities, amaurosis, loss of sensation in the limbs, and extreme infrequency of the pulse. Now, I am not aware that in any of the cases which have occurred at this hospital during the last five years these nervous symptoms have been noted, clearly showing their infrequency and the fallacy of drawing any conclusion from their absence in the history of croup.[1] I may say that I have, in private, seen a case of paraplegia and a case of partial amaurosis, both of which got well in a few weeks after attacks of diphtheria.

Anatomically there appears not to be a shade of difference between the cases of asthenic croup, such as Dr. West described, in which there was false membrane of the fauces, and cases of diphtheria, involving the larynx at an early period. Sometimes when a case is brought to the hospital with laryngeal obstruction and croupy cough, and the history of a sudden accession of such symptoms with a certain amount of febrile disturbance, the question is asked, is this diphtheria or is it croup? An examination is made of the fauces; if a patch of false membrane can be seen, it is commonly said to be diphtheria; if there is none to be seen, and the symptoms be not very asthenic, it is called croup. In either case there may be swollen lymphatics in the neck, and there may or may not be albumen in the urine. Now, it is quite certain that true diphtheria may have reached the larynx without any deposit having appeared on the fauces, and that true croup may be accompanied by a patch of false membrane on the fauces. How, then, are we to make a distinction? The question is not merely one of words, because generally if the case is pronounced croup, either antimony or calomel is prescribed, with or without leeches, and low diet; whilst if it is pronounced diphtheria, stimulants and tonics are more commonly ordered with abundant nutriment. When I come to speak of treatment, you will see that I do not make this distinction in practice.

I will now read you the notes of a case of diphtheria of medium severity in which there were some laryngeal symptoms, which came under treatment on the twelfth day, and was treated by small doses of calomel with very speedy improvement. (Henry S.)

In this case there was *albuminuria*, which lasted only three days whilst he was under observation; it was not present on the day of his admission, but existed on the next day. This is a symptom which was first noted in diphtheria by Dr. Wade, of Birmingham, and has since then been noted by many subsequent observers. I have now for more than two years been in the habit of testing the urine of all cases of diphtheria that have come under my notice. It is nearly always present after the first few days of all severe cases of the disease. I believe it to be a very important symptom in regard to prognosis, and to play a more serious part in the pathology of the disease than is generally supposed. I have seen one or two rather severe cases in which no albumen was detected. I believe in all my fatal cases in which urine could be obtained albumen was found in it. There is not generally any sediment, and no marked change in the appearance of the urine. In the case of George E., which I read to you just now, renal epithelium and casts of tubes were observed under the microscope. The explanation of the occurrence of albuminuria is not very obvious; it is not due to congestion of the kidneys induced mechanically by an impediment to the respiration, because it often exists where there is no impediment of this kind. It is one of the phenomena of the disease dependent, I presume, on the changes which the blood undergoes. The kidneys are sometimes found post-mortem to have experienced much the same changes which are met with in scarlatinal dropsy. The medullary portion of the kidney is usually of a dark purple colour, while the cortex is pale. The epithelial cells are swollen, opaque, with a large quantity of finely granular matter. There is not usually any considerable amount of epithelial desquamation. In some cases there is but little post-mortem change in the kidneys.

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[1] Since delivering this lecture, a boy has been admitted to the hospital who has had a very severe sore-throat (no doubt diphtheritic), and is now under the care of Dr. West, suffering from paralysis of the velum pendulum palati, partial loss of power in the legs, and slight strabismus, apparently from imperfect action of both external recti muscles.

The following case (Jane R.) will serve as a fair specimen of secondary or intercurrent diphtheria occurring in a girl, the subject of Bright's disease, and proving fatal in three days. She was admitted to the hospital suffering from anasarca and general dropsy, with albuminuria and scanty secretion of urine and extreme anæmia. Whilst under treatment from December 19 to January 7 (nineteen days) she did not improve. The dropsical symptoms increased up till January 2, at which time diarrhœa set in, and at the same period the dropsy rather decreased. On the evening of January 6 she was very sick, and the next morning complained of sore-throat. (See notes.) Within three days she was dead.

Cases of this description are peculiarly unpropitious, the diphtheria is almost as constantly fatal as is the asthenic pneumonia occurring during the last few days of life in many chronic diseases. This form of the disease may easily be confounded with aphthous inflammation, which is very frequently seen at the end of phthisis and many other exhausting diseases. The mistake has been made by eminent men. In the aphthous inflammation there is an abundant growth of the microscopic fungus (*öidium albicans*) in the epithelium of the part attacked. There is but rarely any vegetable growth to be found in diphtheritic exudation. The aphthæ appear as a number of small white points, at first quite distinct from each other, but which sometimes run into a continuous layer. The aphthous exudation cannot be separated in strips like a diphtheritic membrane, but it may be removed from the mucous membrane by a piece of rag or lint, leaving the membrane beneath red and inflamed. Aphthous inflammation never extends into the air passages. Aphthæ are preceded by a general inflammation of the mucous membrane of the mouth, which is very red and tender.

Diphtheria, when it has existed for some time, may be readily mistaken (especially in adults) for gangrenous or ulcerative inflammation; the thick shreds of false membrane, which may be of an ash-gray colour and much disintegrated, may resemble sloughing tissue, and it is difficult sometimes to ascertain during life whether this tissue is superimposed on the mucous membrane or not; but it may generally be determined by a careful inspection, and the use of a blunt instrument to the edge of it to detach it, when the mucous membrane will be found sound underneath. It is rarely the case that the subjacent mucous membrane in diphtheria is ulcerated.

Students and young practitioners have been known to confound tonsillitis and the angina of scarlatina with diphtheria. The follicles of the tonsil when inflamed often present at their orifices patches of white exudation. This exudation may be distinguished from diphtheritic deposit by the number of the patches which remain distinct, and their being scattered usually over both tonsils and accompanied with much swelling of these glands. In diphtheria the exudation usually starts from one, or at most two centres, and the tonsils are not commonly at the outset very much swollen.

In regard to prognosis, I may say that *all cases* of diphtheria are of grave import; it appears to be more fatal in children than in adults. The great danger during the first week is from extension to the larynx, as pointed out by Dr. Jenner; subsequently the danger is mainly from asthenia, loss of nervous power, and, I believe, in some cases from suppression of the renal secretion. Any amount of hoarseness or laryngeal cough is always a cause for the greatest anxiety.

Vomiting is a very unfavourable symptom, especially if repeated on several successive days.

A very weak and rapid pulse, or a *very slow* pulse, is of most serious moment. I have already mentioned that albuminuria is a serious symptom, especially if it exist to any great extent.

In conclusion, I must speak of *treatment*. In a paper which I wrote at the commencement of 1859 I said, "I think it has been too hastily concluded that mercurials are contra-indicated in the present epidemic. When the disease runs a slow course, and the air-passages are attacked by the extension of a tenacious false membrane from the pharynx, I should be disposed to employ calomel in small frequently-repeated doses, or mercurial inunction, not omitting stimulants and even tonics if the symptoms appear to require them." Even after saying and thinking this, so strong was the general opinion in this country against the use of mercury in this disease, that it was not until for two years I had tried chlorate of potash, quinine, or cinchona, and the tincture of the sesquichloride of iron, combined with stimulants, and met with but little success, that I have ventured to give calomel a fair trial. I have at present only tried it in four cases, and one of these was so far advanced when it came under treatment that there was no time to get mercury into the system before the patient died. The other three cases recovered remarkably well. In all three there was croupy cough and more or less laryngeal breathing, and in one albumen in the urine. There was certainly not more debility and anæmia than usually follows this disease, but I think very decidedly less, and no bad symptoms of any kind followed its use. I did not give it to two cases of secondary diphtheria, to which I have already referred, in which there were advanced albuminuria and much anæmia; nor do I suppose that it would be prudent to give it in such cases. The mode in which I give it is in grain or half-grain doses of calomel every hour or every two hours. In some cases I have used an abdominal belt, on which mercurial ointment was spread in order to hasten the absorption of mercury. M. Trousseau, who, like many others, has some theoretical objections to the employment of mercury in the treatment of this disease, is obliged to admit that when mercurial preparations have been tried, "the results have often been successful. Without the aid of any other medicament, calomel administered in minute doses, following the method of Dr. Law, has cured a certain number of patients." He goes on to say that he believes the benefits derived from the employment of calomel in this way are due entirely to the local effect of it on the fauces, whilst he believes that the general effect of the mercury on the blood is unfavourable. He says that when the treatment is confined to mercurial friction, *evil* results instead of *good*. It is quite possible that the local effect of calomel on the diphtheritic surface is beneficial, as it appears to be in cutaneous diphtherite, but it cannot act in this way on the interior of the larynx; and my own experience would seem to indicate that the mercury rather counteracts the noxious effect of the diphtheritic virus on the blood, than hastens the occurrence of the peculiar cachectic state which diphtheria induces. In giving mercury, *caution* is of course required; the gums must be carefully watched, and the mercury should not be continued beyond the production of slight sponginess, and may not be required even to that degree. I do not know that I should use mercurial inunction in future, unless the case was far advanced, and there seemed to be no time for the introduction of mercury by means of the stomach. I am inclined to think that to the local action is due some of the benefit. The presence of albumen in the urine would not deter me from its use—I mean if the albumen be due to the diphtheria, and not to old disease; in the latter case, I do not recommend it, any more than I would recommend its employment in the treatment of pericarditis, or any other serous inflammation secondary to Bright's disease. Whilst giving calomel internally, I give stimulants or not, according to the strength of the pulse and the general power of the system. I give beef-tea, milk, and eggs freely, if there be not great repugnance to them. In some cases, especially after tracheotomy, fluids cannot be swallowed, owing to their getting into the larynx and causing paroxysms of coughing; this may be due to a loss of irritability in the glottis, or to some condition of the epiglottis which prevents its covering the entrance to the larynx; in such instances, all fluids, such as milk, wine, beef-tea, etc., should be sopped in bread, sponge-cake, French roll, or tea-cake. Nutritive and stimulant enemata are, I believe, indicated in some cases where swallowing is difficult. Locally, I believe, it is well to employ caustic or astringent applications, if you can see the limits of the exudation—that is to say, the mucous membrane on to which it is advancing. I do not believe it is of any use to cauterize the part on which lymph is exuded, unless the layer be very thin; but the parts on which it is just about to form are those that require it. The caustic which, on the whole, I prefer is the hydrochloric acid, either undiluted or with equal parts of honey. This may be applied freely two or three times during the first twenty-four or thirty-six hours, and then not used again until time has elapsed to allow the stains caused by it to disappear, otherwise you may go on cauterizing the wounds which you have yourself made by the acid; for they do not look very different from the false membrane due to the disease. The muriated tincture of iron as a local application has appeared sometimes of service. In cases where from any cause calomel is not employed—for instance, when the patient's previous health is much undermined by rickets, tubercular disease, renal disease, or extreme anæmia, or the case does not seem severe enough to call for so powerful a remedy, in these cases I give chlorate of potash in good doses. The local effect of this appears to be beneficial; it may be combined with ten minims of liq. cinchonæ and given in the strength of 4 grains to 2 drachms of water every two hours.

The following mixture I have seen recommended, and have myself tried several times, once with apparently very decided advantage: Pot. chlor. ℈ij; tinct. guaiaci co., tinct. cinchonæ, āā ʒij; mellis ℥j; aquæ ad ℥iv; M. ʒij, v, ℥ss, secundâ vel tertia quâque horâ. Around the throat I usually apply spongio-piline or warm water dressing if the glands be much swollen or tender.

If, in spite of general and local treatment, the larynx be clearly involved, as shown by croupy cough, by stridulous laryngeal breathing, both inspiratory and expiratory; and the soft parts of the chest, namely, the lower parts of the sternum and the lower margin of the chest, as well as the supra-sternal and supra-clavicular regions and intercostal spaces, recede during inspiration, tracheotomy should be employed. In adults, laryngotomy is preferable because it is an easier operation, and there seems to be no objection to making a wound near the seat of, or even in the midst of the diseased mucous membrane. In children the crico-thyroid membrane is not wide enough to admit the tube for respiration, and it is necessary to cut into the cricoid cartilage, which is objectionable.

The mode of performing tracheotomy is a subject which I must leave for you to learn from your surgical teachers; but there are one or two points in reference to it to which I should like to allude. Be prepared to find the operation, especially in a young child with a fat, short neck, a troublesome one, which must be done deliberately and with proper assistance. Make the opening as near the cricoid cartilage as you can. Use a good-sized *double* tracheal tube. It should be *double*, so that the inner surface of it may be kept clean and smooth; otherwise it will very soon get furred, and the passage so narrowed, that slow asphyxia will go on in spite of all your exertions to keep it free. It is well to be provided with tubes of several different sizes and different curves. The air should be kept at a temperature between 65° and 70°, and if the atmosphere be dry it should be moistened by some steaming apparatus with a bed inclosed by curtains. At the same time the air must be renewed, otherwise you will stifle your patient by allowing him to inspire the products of his own respiration. A loose woollen comforter, or some other porous material, as a respirator, should be placed in front of the tube, in order to warm and moisten the air, and serve the same purpose which is accomplished by the mouth and nares in natural respiration.

In order to give the child an opportunity of coughing and clearing the tubes of mucus and other matters, the tube may be closed for two or three seconds by the finger; when the finger is removed a deep inspiration is taken, then the tube is closed again until an effort to cough is made, then the finger is suddenly taken away and the offending materials are expelled.

As might be expected, children under two years of age are unfavourable subjects for the operation, owing mainly to the softness of the chest walls and the ready occurrence of collapse. Rickety children, for the same reason, are peculiarly unfavourable subjects, in the same way as they suffer so much from even slight attacks of bronchitis. This operation has been more succesful in France than in England, perhaps because it has been resorted to earlier, partly, also, perhaps, because of the greater frequency of rickets in England, as suggested by Dr. Jenner.[1]

In the convalescence from diphtheria, tonics are indicated, quinine and steel, also wine, and a nourishing diet. The use of galvanism may be beneficial where there is loss of power in the extremities. It appeared to do good in a case of paraplegia succeeding diphtheria which came under my notice.—*Med. Times and Gaz.*, April 26th, 1862.

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Clinical Remarks on three cases of Malingering, namely, two cases of Pretended Blood-spitting or Vomiting, and one of Suppression of Urine.—By Dr. JOHNSON.

In a recent clinical lecture Dr. Johnson referred to some cases of feigned disease as follows:—

In the course of our professional experience we sometimes have to deal with persons who, from various motives, attempt to impose upon us by feigning diseases or the symptoms of disease, which either have no real existence or which are voluntarily excited by the would-be patient. Medical officers in the army and navy find it necessary to be very watchful to avoid being deceived by malingering men; in civil practice these attempts at imposition are much more commonly made by women and especially by hysterical girls, whose especial delight it is to excite sympathy for themselves and to mystify the doctor. I purpose now to say a few words respecting three cases of this kind which have recently come under my observation; two of the cases occurred in the hospital, and one in my private practice.

Case 1. The first case was that of a girl, E. S., who made a very poor attempt to feign vomiting of blood. She was 16 years of age, had a fresh colour, and a plump and healthy appearance. She stated that during the last four years she had been subject to fits which, from her description, were evidently of an hysterical character. The catamenia had for some time past occurred at irregular intervals of from fourteen days to six weeks, and had sometimes continued for a week. She said that a fortnight before her admission, on October 17, she began to vomit blood, and that she had daily since that time vomited about half-a-pint of blood; the vomiting being accompanied with a feeling of swelling in the throat.

There were no symptoms of dyspepsia, no cough, nor any signs of disease within the chest. I have already said that her appearance was that of good health. The day after her admission she had a well-marked fit of hysteria of half an hour's duration, during which she continually muttered, "He's going to shoot me."

She stated that during the past year her fits had been more frequent since she received a fright from the sudden appearance of a man in the garden at night. The day after her admission and the four succeeding days she pretended to have vomited blood, and she produced a liquid of a pale pink colour which the most careless observer could scarcely mistake for blood. It did not coagulate with heat, and under the microscope we saw, not blood corpuscles, but globules of oil, probably from milk.

The house-physician took from her locker a small bottle containing a red liquid, apparently compound tincture of lavender. The pink liquid which our patient pretended to have vomited was evidently a mixture of milk with this compound tincture of lavender.

From this time there was no return of the pretended vomiting of blood, and after keeping her in the hospital for a few days in order to give her the benefit of a daily shower-bath, we sent her out.

Case 2. Elizabeth G., aged 19, a servant, was sent up to the hospital from the country by a lady in whose service she had been for two months previously. Her mistress had taken great interest in her, and sent us an elaborate history of her symptoms. She came in on February 4. It was then stated that the catamenia had been absent or extremely scanty for the past ten months. She had been subject to frequent fits of fainting; she had had a cough for a month; and for a fortnight this had been attended with daily spitting of blood to a variable amount; the largest quantity brought up in the twenty-four hours, according to the statement of her mistress, being about a pint and a-half.

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[1] Trousseau says he has saved one-quarter of 200 cases in which the operation has been performed. In favourable cases he thinks one-half may be saved.

Notwithstanding this loss of blood, she had a healthy appearance and a florid face. The voice during the first few days after admission was whispering, and she had an occasional loud barking cough. There were no physical signs of disease within the chest. She spat daily about two ounces of blood, which was usually of a bright colour, always liquid, and apparently mixed with saliva; but it was never frothy, and never contained any material like mucus from the lungs.

It was evident that we had to deal with a case of hysteria, and from the first, suspecting some trick in connection with the hæmoptysis, I desired the attendants to keep a particular watch upon this symptom. I learnt from the lady-sister in the ward that the blood was always spat out without cough or effort of any kind, as if it came from the back of the mouth or nostrils. I looked into her mouth several times before I discovered the source of the bleeding. At length, however, the mystery was explained. A few days since, at the time of my visit, the sun was shining brightly into the ward while I was examining her mouth with the aid of a bright metallic tongue depressor, which reflected a strong light upwards, and there, in the mucous membrane of the hard palate, I saw about twenty fine cuts or scratches, some of which were nearly healed, while others had evidently been made but a very short time before. When taxed with having deliberately attempted to deceive us her face confessed, though her tongue denied her guilt. She declared that she had not cut or pricked her mouth, and it was not until after she left the hospital that she confessed, as I learn, that she had scratched her mouth with a long darning-needle. After we had discovered her trick she did not venture to repeat the operation. Within three days nearly all traces of the cuts and scratches had disappeared; and the bleeding, which had been going on daily for a considerable time, entirely ceased. In the meantime we had been treating her with shower-baths and steel. She had recovered her voice. The spasmodic cough was rarely heard; and now, having put a stop to the hæmoptysis, we dismissed her.

Amongst other statements, to which we paid little heed, she declared that she had occasionally gone a week without an evacuation of the bowels, and two days without passing urine.

A pretended suppression of urine is not an uncommon phenomenon in cases of hysteria. I have lately met with an example in private practice, of which I will give you a few particulars.

Case 3. On March 7, I was asked by my friend, Dr. G., to see with him an unmarried lady, 21 years of age, of whom he gave the following history: She had been troubled with round worms; and after trying a variety of vermifuge medicines with only partial success, he gave her nine days ago half an ounce of oil of turpentine. The oil acted freely on the bowels and brought away several worms. Two days afterwards he was sent for in consequence of no urine, or scarcely any, having been passed since the turpentine was given; and up to that time, that is, for a period of nine days, it was alleged that she had passed only about an ounce of urine a day. During this period she had remained in bed, eating and drinking as usual, apparently in good health; there had been no vomiting, nor any pains either in the urinary organs or elsewhere. Dr. G. had twice introduced the catheter, and had drawn off each time only about half an ounce of urine. These specimens he brought to me. One was turbid with urates, the other was clear; neither specimen contained a trace of blood or albumen, or any other morbid constituent.

I have never yet met with an instance of suppression of urine after a dose of turpentine in which there has not been more or less of strangury, nor one in which the urine, when any could be obtained, was not found to be both bloody and albuminous. I saw the patient the same day; she had a peculiar, shy, nervous manner, such as we should expect to find in one who was conscious of an attempt to deceive her friends, and there was an entire absence of the symptoms which must have been present if, as she would have us believe, the urine had been almost entirely suppressed for nine days. As I have already stated, there was no irritation of kidneys or bladder, no vomiting, and nothing abnormal in the urine which was obtained by the catheter. I had no hesitation in expressing to the patient's mother my conviction that her daughter was practising an imposition, and that in spite of the careful watch which was said to have been kept over her, she had contrived to dispose of the water after passing it. I advised that she should be more closely watched, and that the catheter should not be again used unless the bladder became paralyzed by over-distension. I have heard from Dr. G. that three days after our visit he was sent for, when he found the bladder distended, and drew off a full quart of healthy urine by the catheter. It was alleged that only about an ounce had been passed during the previous three days. Yet no bad symptoms had occurred. Dr. G. now insisted upon her getting up as usual, and said he should not again interfere without some urgent need. After another interval of three days he was again sent for. The bladder was again distended; curiously enough, however, only about half a pint came away through the catheter, but a few minutes afterwards she passed voluntarily at least a quart of urine.

Here the history of the case ends. Dr. G. writes to me that he sees his patient walking about every day, that she "cuts" him "because he has said unkind things to her relatives;" but she sends for her steel medicine, and her mother reports that she takes it.

If you should ever be troubled with a case like this in which there is what you suspect to be only a pretended suppression of urine, you may, with the aid of a sensible and trustworthy nurse, quickly bring the symptoms to a decisive test. Let the nurse be instructed to ply the patient liberally with any simple liquid, frequent cups of tea, or toast and water, or barley-water, and if you please you may add to the diuretic tendency of the liquid by an occasional dose of compound spirit of juniper, or the spirit of nitric ether, or both combined. The nurse is to be instructed on no account to leave the patient even for a moment. If at the end of twelve hours, no urine having been passed in the interval, the bladder is not distended, you may conclude that your suspicions have not been well founded, and that there is some defect in the secreting power of the kidney.—*Med. Times and Gaz.*, April 26th, 1862.

HOSPITAL NOTES AND GLEANINGS.

Cysts at the Back of the Knee-joint, Simulating Aneurism—Diagnosis—Treatment by Injection—Cure.—A male, aged 43, was recently admitted an out-patient at the West London Hospital, under the care of Mr. Ernest Hart, having at the back of the knee-joint a swelling which caused him much pain, and gave rise to a limping gait and want of sleep at night. This tumour had many of the characters of a popliteal aneurism, and the patient had been sent to the care of Mr. Hart, at the hospital, for the treatment of that disease by flexion of the knee-joint, under the impression which a rapid examination had given to a surgeon to whom he applied that the disease was aneurismal. It was in the position and of the size which belongs to so many popliteal aneurisms when first seen, occupying the central and lower part of the ham, and projecting to the magnitude of a goose's egg. There was some œdema of the leg, and distension of the superficial veins. The hand, placed upon the tumour, recognized distinct pulsations, which were easily arrested by pressure on the femoral above. A closer examination showed that it was irreducible, and neither the eye nor hand could detect any general expansion. Moreover, on complete and firm extension of the leg the pulsation was extinguished, but the tumour did not on that account become smaller in size. An arterial *bruit* could be heard on applying the stethoscope, but not of that rough and harsh character which belongs to the true aneurismal sound. Mr. Hart concluded that this was one of those hygromatous sacs overlying and pressing upon the popliteal artery, which are occasionally met with in this situation.

He introduced a fine needle-trocar, and there issued nearly four ounces of slightly-coloured albuminous fluid. He then injected into the sac three drachms of sulphuric ether, and flexed the knee, applying a firm pressure by a pad over the cyst. Some inflammatory action followed this injection, but not enough to prevent the re-collection of fluid. The process had, therefore, to be repeated, and was ultimately followed by cure. As often happens in hospital practice, this case was followed by a group of three other very similar cysts at the back of the knee-joint. Two of them were apparently of just the same character as the foregoing, and followed the same course. The third was an interesting case, in the person of George H., a painter, aged 25, who presented himself with a cyst of this kind projecting at the outer side of the ham, and evidently connected with the conjoined tendon of the vein, membranous and semitendinosus. This large and superficial sac Mr. Hart treated by introducing a silver wire seton, thus procuring its obliteration.

Remarks.—Mr. Hart remarked that the diagnosis of aneurism involved in some of these cases, especially the first, was a matter of much interest. The ordinary signs of an aneurism were well known, and commonly enabled the diagnosis to be effected with facility; but in cases such as these of cysts overlying the artery, many errors had arisen. Cooper mentions a case where the radial artery was tied, from a ganglion overlying it having simulated aneurism. In thirty-eight cases collected by Norris, in which the great arteries of the neck had been tied for supposed aneurisms, in seven there had been no aneurism. The great Russian Surgeon, Pirogoff, in an instructive paper on the difficulties of surgical diagnosis, mentions with singular candour a number of instances of error, of some of which he is himself the hero. The general result of this form of experience he summed up in four axioms:—1. There are many pulsating tumours which are nevertheless not aneurismal. 2. There are aneurisms which do not pulsate. 3. There are fluctuating tumours which contain no fluid. 4. There are fluid tumours which present no signs of fluctuation. Mr. Hart observed that the records of surgery in every capital of Europe bore testimony to the occurrence of these exceptional conditions, and especially in their relation to the diagnosis of aneurism. The four surgeons-in-chief of the Hôtel Dieu, Ferrand, Desault, Pelletan, and Dupuytren, were all so unfortunate as each in his turn to have opened an aneurism believing it to be an abscess. Roux was the witness of a similar accident in the hands of Cullerier. Pirogoff relates how he plunged a bistoury into a crural aneurism believing it to be an abscess, the final result being fatal, and mentions other cases in which the main artery narrowly escaped being ligatured, as in the cases above-mentioned from Norris, for a disease, which was really only cystic tumour overlying a large artery. In the museums of London were two preparations from cases in which the lower limb had been amputated for large tumours, which were, in fact, cured and consolidated aneurisms; and a third showing an aneurismal sac, which had been lanced before admission; the artery was tied by Mr. Callaway. The first case of popliteal aneurism which Mr. Hart had the opportunity of treating by flexion was in the person of a man who had been under treatment for some time as an out-patient at a metropolitan hospital, and been dosed with colchicum and sulphate of magnesia, as for rheumatism of the knee-joint. In another case, which he had seen with Mr. Moore at the Middlesex Hospital, the swelling had for some time been poulticed out of doors. Some time since, in the country, an inflamed sac of an aortic aneurism projecting through the sternum had been lanced incautiously; and, of course, with rapidly fatal result. These cases, a few out of many, call to mind the clinical facts which bear on the diagnosis of aneurism, and the propriety of eliminating possible sources of error even in establishing the diagnosis of tumours, which, on the face of them, seem not very obscure in nature. The complete diagnosis of pulsating cysts in the ham from popliteal aneurism in any doubtful cases is best effected, Mr. Hart thinks, by causing the limb to be rigidly extended. In the case of a popliteal aneurism the pulsation will be unaffected or easily felt, but in the case of a cyst overlying the artery the swelling will often become more prominent at the same time that the pulsation wholly ceases, from the fact that the artery is then strongly pressed upon and its beating arrested. In addition to this sign is the want of expansion simultaneous with pulsation.—*Med. Times and Gazette*, April 12th, 1862.

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Two Cases of Acute Alcoholic Poisoning in a High Degree; Recovery.—Case 1. C. C——, aged sixty-five, a porter occupied at night-houses, was on Monday, Jan. 13th, brought into the Charing-Cross Hospital by the police in the following condition: Comatose; quite collapsed; pupils dilated and insensible to light; the surface of the body pale and cold; the pulse scarcely to be felt; breathing oppressed, but not stertorous; quite unable to swallow, and smelling very strongly of gin.

Mr. Travers, the house-surgeon, employed the stomach-pump, and removed by it a pint of clear liquid, which smelt as if it was pure gin. After this, by Dr. Willshire's orders, strong coffee was injected into the stomach, and a turpentine and castor-oil enema administered. Warmth was applied to the surface by hot blankets and bottles of hot water. The bowels were freely acted upon by the enema, and the patient became conscious about seven o'clock the same evening. The next day he was ordered a diuretic mixture of bicarbonate of potash and tincture of squills in compound decoction of broomtops, which he took for two days, after which, for reasons unconnected with the alcoholism, carbonate of ammonia mixture was ordered to be taken.

The patient subsequently stated that he was induced by two gentlemen (?) frequenting the night-house where he was employed, to drink out of tumblers one pint and a-half of a mixture of raw gin and brandy in the space of twenty minutes. He did not lose consciousness for ten or fifteen minutes, and left the public-house, dropping down senseless on his way home. He had been in the habit of drinking for forty years, and said he could manage as much as a pint of spirit in the course of the day without getting drunk. Had never suffered from delirium tremens.

Case 2. J. S——, aged twenty-six, cabman, was brought into the hospital on Friday, January 24, about 10 A. M., when Mr. Travers, the house-surgeon, found him in the following state: Totally insensible, pulseless, with the surface cold, the countenance cyanosed, the pupils contracted (but afterwards becoming dilated), and the breathing stertorous. He was foaming at the mouth, and his breath smelt very strongly of gin.

The stomach-pump was employed, and a pint and a-half of dark fluid drawn off, having the odour of almost pure gin. Strong coffee was afterwards injected into the stomach, the temples were dry-cupped, and counter-irritation applied to the soles of the feet. Under this treatment the pulse rose and the surface of the body became warm. Dr. Willshire, upon seeing him, ordered a strong infusion of green tea to be thrown into the stomach, and an enema of turpentine and castor-oil to be administered; by the latter free action was obtained upon the bowels and consciousness restored. About six o'clock in the evening of the day of his admission he may be said to have first "come to himself again."

On being afterwards questioned, he stated that he was induced to drink a quart, good measure, of raw gin, in order to win a wager; that he began about six A. M., and finished about eight or half-past A. M.; after which he could not recollect anything. Although intemperate for the last ten years, he had never suffered from delirium tremens.

The next day (Saturday) he left the hospital, experiencing no ill effect from his orgie beyond feeling a little nervous.

In some clinical observations made by Dr. Willshire upon the above cases, he remarked to the class that alcohol acted in a twofold deleterious manner upon the system. It acted as a direct nervine toxic agent or poison to the brain: for there existed, as Dr. Percy some years back pointed out, a particular elective affinity between "spirit" and brain matter; and, secondly, that it perverted the constitution of the general nutritive fluid of the body by arresting tissue change, and increasing enormously the fatty matter in the blood. Speaking generally, the first action is seen in what may be termed acute alcoholism; the second in chronic alcoholism. But what might be called episodes of acute alcoholism may occur in the course of chronic alcoholism, as when delirium tremens supervenes in the case of an habitual toper. Of acute alcoholism there were several forms and grades between the gradual production of slight hilarity and the sudden supervention of deep coma, from which latter the patient never rouses. When a large dose of a strong alcoholic fluid is received into an empty stomach, it will sometimes kill at once, apparently from a sudden powerful impression made upon the pneumogastric, and death will follow as quickly as from a heavy blow upon the epigastrium, or from a stroke of lightning. In other cases, rapid absorption of the poison ensues, and in a short time the alcohol exerts its specific influence, analogous in many respects to that of narcotic agents upon the nervous centres. Deep unconsciousness supervenes, calorification is diminished, and death results from the suspension of the respiratory movements, the heart continuing to beat for some time after the latter have ceased. The two patients whose cases they had so recently witnessed evinced this latter grade of acute alcoholism, but, luckily for themselves, up to a certain point only; but there was much reason to believe that if prompt treatment had not been had recourse to, a fatal issue in each case would have ensued. What that treatment had been, they knew, and he believed he might recommend it to them for future adoption in their own practice. In such cases the stomach must be emptied, and strong coffee (*café noir*) afterwards thrown into it. Strong green tea also is a very useful agent. Derivation should be produced at the other end of the body opposite to the brain through the means of a strong enema. As soon as the patient can swallow, he should be ordered diuretics, in order to hasten the elimination of any remaining poison.—*Lancet*, March 29th, 1862.

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Two Cases of Poisoning by Fungi, treated by Enemata of Strong Coffee; Recovery.—E. B——, a boy seven years of age, was taken to the Royal Free Hospital late in the afternoon of the 12th of October last, by his parents, who were in great alarm at his condition. He was in a state of collapse, and completely insensible; there was constant retching; the pupils were very much dilated; and he was almost pulseless. The account given by the parents was that, some hours before, the boy with his brother went into the Regent's Park for amusement, and on his returning home he appeared as if silly, unable to give any account of himself, and he tumbled about the room. From his brother it was learned that he had eaten some berries, and from the description given of them, as well as from the symptoms, it was supposed that the boy had partaken of the berries of belladonna. An emetic of sulphate of zinc was immediately administered by Mr. Hill, the house-surgeon, which acted promptly; but there was nothing brought up to lead to the discovery of the cause of the symptoms. The symptoms rapidly increased in severity; the pupils were enormously dilated; and the sickness of the stomach could not be controlled. In this state Dr. O'Connor saw him, and, remedies having been used to control the sickness and arrest the still greater degree of collapse into which the patient was sinking, but without avail, he directed three ounces of very strong warm coffee to be used as an enema every fifteen minutes. After the administration of the second enema the vomiting was less, the pulse more perceptible, and the patient gradually improved. In the course of the night the sickness had altogether ceased, but there was great prostration, to relieve which diffusible stimulants, as camphor and ammonia, were administered. The boy from this time progressed well, and on the 15th he left the hospital completely recovered.

In about an hour after the subject of the above history was brought to the hospital his brother arrived, in whom similar symptoms were being developed. He had with him a small bag in which were a number of fungi known as "toad-stools," of which, he said, he and his brother had partaken, believing them to be mushrooms; but his brother had eaten more freely of them than he had. An emetic of sulphate of zinc was immediately administered to him, and after a time he left the hospital with his parents. —*Lancet*, March 29th, 1862.

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Superficial Disease of the Tongue for Eight Years; Successful Removal.—A rather curious case of disease of the tongue was lately admitted into St. Bartholomew's Hospital. It occurred in the person of an elderly man, who, Mr. Lawrence remarked, was fond of supporting his strength with malt liquor. He was of a sedentary occupation, and his bowels were at all times obstinately confined. The general surface of the tongue was cracked and fissured, and had an appearance indicating general bad health. On the left side of the tongue, on its superior surface, was a hard, indurated mass, which had been present for eight years. It felt to the touch to be of the size of a large marble; it was raw, although not actually ulcerated, affected his speech, and at times caused much inconvenience. Mr. Lawrence shaved it off with a sharp scalpel on the 12th of April without administering chloroform; the bleeding was free, but it soon subsided: and, on careful examination, the disease was found to be wholly confined to the mucous membrane, and did not involve the muscular substance of the organ. The resulting wound healed up very rapidly, assuming a healthy surface. At the same time the patient's general health had been attended to, and he will make a good recovery. This induration had been looked upon by others as scirrhous: but there was no evidence to prove that it was such.—*Lancet*, May 3, 1862.

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Very large Vesical Calculus, in a Boy eleven years of Age; Lithotomy.—This was the case of a boy age 11 years, admitted into St. Bartholomew's Hospital. His health was always delicate and he had been labouring under symptoms of stone for the last four years, attended with very great suffering. On sounding him a stone was readily detected; and accordingly he was submitted to the lateral operation of lithotomy on the 26th of April by Mr. Paget, who extracted an oval calculus of unusual size for a boy of the age of this patient. It was two inches and a quarter long, and an inch and a quarter wide, with proportionate thickness, and was apparently a mulberry calculus coated with phosphates. For the present he is doing well.—*Ibid.*

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Congenital Malformation—Open Urachus in a Boy aged eight years.—The following congenital malformation is one of great rarity, and as a consequence is worthy of record. A boy, aged 8, was brought to Mr. Bryant, on January 23, with a discharging orifice at the umbilicus; it had been so from birth, and had caused much inconvenience to the lad. On examining the part a peculiar projecting columnar mass, about the size of and not unlike the boy's glans penis, was distinctly visible, with an orifice corresponding to the urethra at its extremity. This orifice was constantly moist, evidently with urine, and when the bladder was distended the moisture was more copious. The genital organs were quite natural. There was little doubt that the case was one of an unobliterated urachus. Mr. Bryant wished to have the lad admitted into Guy's Hospital, with the idea that something might be done for his relief, but the mother refused.—*Med. Times and Gaz*, May 3, 1862.

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A Fact as to the Contagion of Erysipelas.—On April 1, 1862, a young girl was admitted into one of our Metropolitan Hospitals on account of necrosis of part of one femur, two or three sinuses existing. Her general health was pretty good. Ten days after her admission she became feverish, and erysipelas showed itself about the sinuses. The erysipelas subsequently spread and involved the whole leg and thigh. The surgeon under whose care the child was now made inquiries, and ascertained the following facts: On March 15, one of the physicians of the hospital admitted a case of idiopathic erysipelas of the face, and his patient (a girl of fourteen) was placed in the same bed that the second one was subsequently allowed to occupy. This case was a slight one, and the girl left the hospital in a few days quite well. The nurse admitted that the blankets of the bed had not been changed.

No other cases of erysipelas were in the hospital at the time, nor had any occurred in that ward for many months previously.

This case shows, in a strong light, the danger of exposing patients with open wounds to risk of the contagion of erysipelas. It is to be remembered that the disease was idiopathic and very mild in the first patient, and that a period of several days had elapsed between the date of her discharge and the occupancy of her bed by the second one. The latter, moreover, did not sicken until ten days after her admission.—*Ibid.*

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Chancre of the Lip—Emma F., aged 22, a milliner, and apparently respectable, applied to Mr. Bryant on January 20, 1862, with a distinct indurated chancre on the lower lip of eight weeks' duration, indurated submaxillary glands and macula on the body and face of five weeks' standing. She distinctly denied any other symptoms, and that she had been in the way of contracting a syphilitic affection, and, from her manner, she appeared credible.

The iodide of mercury was given twice a-day, in grain doses, and tonics administered.

The following week the true history was obtained; it appeared that her "lover" had a chancre, and that it was probable he had inoculated the part by his finger—at least this was the explanation given.

Under treatment the ulcer rapidly healed, and ill symptoms disappeared, the girl being now pronounced cured.—*Ibid.*

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Chancre of the Upper Lip.—Annie T., aged 22, applied to Mr. Bryant in September, 1859, with a distinct indurated chancre in the centre of the upper lip of three months' standing, with ulcerated sore-throat of two months' duration, and lichen over the whole body. She had been under treatment some time without benefit, but could not give any history of her present disease, or account for its appearance. Her genital organs were unaffected.

The iodide of mercury, in grain doses,

was given in this case, with the iodide of potassium and iron. Under this treatment she rapidly recovered.—*Ibid.*

Chancre on Lip in a Man.—John H., aged 30, applied to Mr. Bryant in 1861 with an indurated chancre in his lower lip of one month's duration, and sore-throat and enlargement of submaxillary glands of one weeks' existence. His penis was undiseased, and no history could be obtained, although he admitted having been with prostitutes. Under the iodide of mercury and the iodide of potassium he rapidly convalesced.—*Ibid.*

Chancre on Upper Lip and Nipple.—Amelia W., aged 21, an apparently respectable girl, applied to Mr. Bryant with a chancre in the upper lip of six weeks' duration, an indurated ulcer in right nipple of five weeks', and a papular eruption on the skin of two weeks' duration. No history could be obtained. Plummer's pills three times a-day, and quinine, rapidly effected a cure, all symptoms gradually subsiding.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

An Act to Reorganize and Increase the Efficiency of the Medical Department of the Army.—Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be added to the present medical corps of the army ten surgeons and ten assistant surgeons, to be promoted and appointed under existing laws; twenty medical cadets, and as many hospital stewards as the surgeon-general may consider necessary for the public service, and that their pay and that of all hospital stewards in the volunteer as well as the regular service shall be thirty dollars per month, to be computed from the passage of this act. And all medical cadets in the service shall, in addition to their pay, receive one ration per day either in kind or commutation.

Sec. 2. *And be it further enacted,* That the surgeon general to be appointed under this act shall have the rank, pay, and emoluments of a brigadier general. There shall be one assistant surgeon-general and one medical inspector-general of hospitals, each with the rank, pay, and emoluments of a colonel of cavalry, and the medical inspector-general shall have, under the direction of the surgeon-general, the supervision of all that relates to the sanitary condition of the army, whether in transports, quarters, or camps, and of the hygiene, police, discipline, and efficiency of field and general hospitals, under such regulations as may hereafter be established.

Sec. 3. *And be it further enacted,* That there shall be eight medical inspectors, with the rank, pay, and emoluments each of a lieutenant-colonel of cavalry, and who shall be charged with the duty of inspecting the sanitary condition of transports, quarters, and camps, of field and general hospitals, and who shall report to the medical inspector-general, under such regulations as may be hereafter established, all circumstances relating to the sanitary condition and wants of troops and of hospitals, and to the skill, efficiency, and good conduct of the officers and attendants connected with the medical department.

Sec. 4. *And be it further enacted,* That the surgeon general, the assistant surgeon-general, medical inspector-general, and medical inspectors, shall immediately after the passage of this act be appointed by the President, by and with the advice and consent of the Senate, by selection from the medical corps of the army, or from the surgeons in the volunteer service, without regard to their rank when so selected, but with sole regard to qualifications.

Sec. 5. *And be it further enacted,* That medical purveyors shall be charged, under the direction of the surgeon-general, with the selection and purchase of all medical supplies, including new standard preparations, and of all books, instruments, hospital stores, furniture, and other articles required for the sick and wounded of the army. In all cases of emergency they may provide such additional accommodations for the sick and wounded of the army, and may transport such medical supplies as circumstances may render necessary, under such regulations as may hereafter be established, and shall make prompt and immediate issues upon all special requisitions made upon them under such circumstances by medical officers; and the special requisitions shall consist simply of a list of the articles required, the qualities required, dated, and signed by the medical officers requiring them.

Sec. 6. *And be it further enacted*, That whenever the inspector-general, or any one of the medical inspectors, shall report an officer of the medical corps as disqualified, by age or otherwise, for promotion to a higher grade, or unfitted for the performance of his professional duties, he shall be reported by the surgeon-general for examination to a medical board, as provided by the seventeenth section of the act approved August third, eighteen hundred and sixty-one.

Sec. 7. *And be it further enacted*, That the provisions of this act shall continue and be in force during the existence of the present rebellion and no longer; *Provided, however*, That, when this act shall expire, all officers who shall have been promoted from the medical staff of the army under this act shall retain their respective rank in the army, with such promotion as they would have been entitled to.

Approved, April 16, 1862.

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Surgeon-General U. S. A.—Under the preceding act the President has appointed Wm. A. Hammond, M. D., Surgeon-General. Dr. Hammond is well known by his numerous and highly valuable contributions to our science, and is a gentleman of enlarged views, extensive acquirements and experience, of great energy and untiring industry.

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Medical Corps of the United States Army.—An Army Medical Board will assemble in Washington, D. C., on the 1st of June next for the examination of applicants for the admission into the Medical Corps of the Army. In addition to the ordinary requirements of moral character, medical and surgical knowledge, good academic education, and sound physical condition, the applicants must be familiar with the principles of hygiene and the conditions necessary to the health of troops in hospitals, camps and transports.

Applications must be addressed to the Secretary of War, through the Surgeon-General; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (references will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

Applicants must be between *twenty-one* and *twenty-eight* years of age.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments will be entitled to transportation on obeying their first order.

There are now, and soon will occur, several vacancies in the Medical Staff.

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Medical Society of the State of Pennsylvania.—At the April meeting of the Philadelphia County Medical Society, which was largely attended, the following preamble and resolution were unanimously adopted:—

Whereas, The regular meeting of the Medical Society of the State of Pennsylvania, for the year 1861, was not held at the time and place designated by that body at its preceding session, in consequence of the disturbed state of the country; and *whereas*, it is probable that for similar reasons a meeting held the present year, at a point beyond the mountains, would not be attended by many delegates from the eastern portion of the State; and *whereas*, it is highly important that the organization into State and County Societies should be maintained for the interests of the profession at large, therefore

Resolved, That the President, in the name of the Society, be authorized and requested to extend an invitation to the Medical Society of the State of Pennsylvania, through its officers and committee of arrangements, to hold its annual meeting in this city at 11 o'clock A. M., on the second Wednesday of June next, and that the Delegates of this Society be constituted a Committee of Arrangements for the reception of the State Society.

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Smallpox and Vaccination in Providence, R. I.—Dr. Snow, the City Registrar of Providence, states that no death from smallpox has occurred in that city since the 1st of March, and only four through the winter, although there were at one time more than thirty cases of smallpox and varioloid in different parts of the city. There are now only two cases known in the city, the disease having been arrested by a prompt attention to vaccination.

Since the 1st of January, Dr. S. says, 1,194 persons have been vaccinated or revaccinated at the office of the superintendent of health, and a still larger number, probably, by physicians in private practice. — *Boston Med. and Surg. Journ.*, April 24, 1862.

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Ligation of Arteries. — Dr. W. H. Church, of New York, Medical Director of Gen. Burnside's Army Corps, successfully ligated the external iliac artery after the battle of Roanoke Island. We learn also that a surgeon of a New York regiment ligated the common iliac artery after the affair of the Merrimac at Fortress Monroe. —*Am. Med. Times*, April 19, 1862.

FOREIGN INTELLIGENCE.

Nascent Carbonate of Iron. — Messrs. Garnier and Lamoureux, says the *Gazette des Hôpitaux*, make granules of one-fifth of a grain of sulphate of iron, which are then coated with sugar. These granules are subsequently surrounded by a layer of bicarbonate of soda, and a second coating of sugar is applied. The two salts thus separated have no action upon each other, as long as they are kept dry. On reaching the stomach, the granule dissolves, and carbonate of iron and sulphate of soda are formed. The gastric juice acts at once upon the carbonate of iron at the very time of the formation of the salt, and the small amount of sulphate of soda has a tendency to counteract the constipating effects of the steel. The number of granules taken at the beginning of a meal may vary from five to thirty.—*Ibid.*

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Hospital Hygiene.—M. Michel Lévy, in a late speech at the French Academy of Medicine (March 25th, 1862), observed.

"The quantity of air indispensable for the sick, in order to compensate for the products of their respiration, of their pulmonary and cutaneous transpiration, and all the emanations more or less deleterious which are in operation about them, is enormous. It would be useless to recall here the results of experiments which are still being carried on, by means of various modes of ventilation, and the effects of which appear very slightly, even if they are at all appreciable, in the mortuary statistics of the Paris hospitals. If these official documents continue to show us that the numbers of deaths are pretty nearly counterbalanced in hospitals endowed with a regular system of ventilation and in those which are not so provided, we shall be authorized to conclude, either that such ventilation does not effectually renew the total mass of the atmosphere of the wards, and is limited to the determination of partial currents, or that, in spite of its apparent freeness, it does not yet satisfy all that is demanded to render these places healthy, or that the air thus introduced into them does not possess the desired purity of composition.

He adds: "It is not enough to provide the sick liberally with air, if this air have not the vivifying qualities of its normal constitution, if it be mixed with septic principles, and, as is actually the case, when it is burnt by contact with over-heated surfaces which it passes over before being distributed into the wards, when it is taken second-hand from corridors or staircases communicating with latrines, or when it proceeds from infected streets, from an over-crowded locality, or from a neighbourhood where a closely packed population, various industrial trades, and numerous mephitic foci spread abroad their vaporous products and their dejections.

"The ideal of a nosocomical institution, in accordance with the principles and facts just referred to, would be, then, the small hospital with small wards, without direct communication between them, well ventilated, and with beds at long intervals, placed at a distance from centres of population, and surrounded with promenades or free spaces. Would it be impossible to multiply these establishments around large towns, and at a convenient distance from them, leaving within the latter merely receiving-houses for first advice (*depôts de premiers secours*), with a restricted and isolated medical and surgical provision for urgent cases and those which cannot be removed to a distance, developing in other respects and rendering predominant the salutary and moral system of domiciliary aid, by a judicious combination of gifts and loans, as at present, and of gratuitous attendance and medicine? Still, I do not fear saying that this ideal of an hospital will still have its mistakes and misfortunes.—*Med. Times and Gaz.*, April 19th, 1862.

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Bread-Making by Machinery.—While machinery has been most successfully and usefully applied to the accomplishment of a variety of mechanical operations, many of them of a complicated character—as, for example, sewing, reaping, and washing—it is not a little singular that until very recently no mechanical contrivance had been invented whereby, in the process of bread-making, the operation of mixing the flour and the water together might be effected.

This circumstance is explained partly by the constraining force of custom—what had answered the purpose for so many generations, it was thought, would still do well enough—and partly by the fact that the operation required to be performed was of so simple a character as scarcely to excite the interest and attention of inventors.

Nevertheless, simple as the process of bread-making appears, machinery was imperatively demanded for its unobjectionable performance, both on the score of health and cleanliness.

As at present performed, and as has been the case for ages past, bread is made entirely by the hands and naked arms. The process of mixing is an exceedingly laborious one; during it the men perspire freely; add to this, that they are often deficient in cleanliness; that they may be, and sometimes are, affected with skin diseases; that the labour is not only severe and exhausting, but prolonged through the hours of the night; and that, as the result of all, the incorporation of the flour and water is but imperfectly accomplished. These circumstances being called to mind, few will be disposed to question the desirability of the application of efficient machinery to the process of bread-making.

That which has been for so long a desideratum is now an accomplished result. Of the complete success of Stevens' machine for the making of bread, attested as it is by a mass of evidence, not a doubt can be entertained. In the interest of the public health, therefore, we direct the attention of the medical profession to this invention, which is one in which we have always felt greatly interested.

It is to be commended on the score of healthfulness; it is an especial boon to the journeyman bakers, by lightening their labour, and by shortening the hours of work; but it possesses other advantages in which the public at large are deeply concerned.

Machine-made is better than hand-made bread. It is better because it is cleaner and purer, and because also the water and the flour are more intimately and uniformly incorporated; and, therefore, it may be fairly presumed that the bread itself is more digestible.

The baking trade is especially interested in the machine; for by its means each sack of flour is made to yield on an average not less than twelve pounds of bread additional. This increased yield results partly from an actual saving of flour, some of which is lost in the old process of mixing, but is partly due to the more uniform distribution of the water added throughout the flour, and which is necessary to the making of good bread. When the flour and water are mixed by hand, some of the former escapes the action of the water altogether, little dry and hard masses being often found in hand-made bread; and it need scarcely be stated that this unmoistened and unfermented flour is not so digestible as that which has imbibed the amount of liquid natural to it, and necessary to fermentation. This additional yield is therefore merely the legitimate result of the more perfect action of the machine, the bread being at the same time better, and, from being more digestible, being also probably more nutritive. By using the machine, therefore, bakers would not merely enhance their profits, but would have a purer and better article.

But the public, and particularly the poor, have a great interest in this increased yield. Let the reader fancy what these 12 lbs. of bread, or three quartern loaves additional, signify on the entire consumption of the metropolis. They amount to between 3 and 4 per cent. on the whole quantity consumed.

On every ground, therefore—on that of its efficient action—on the score of health, cleanliness, and economy—the invention of Mr. Stevens is entitled to the most favourable notice.—*Ibid.*, April 19th, 1862.

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Homœopathy in Denmark.—We extract the following statement from a letter to the *Med. Times and Gaz.*, dated Copenhagen, March 10th.

"Homœopathy, this apparently immortal folly of Hahnemann's, has not found a fertile soil in this country. The common sense of the population, and the great and well-deserved confidence enjoyed by the Medical Profession at large, has stunted the growth of this form of quackery amongst us. But as weeds will grow in the best-cultivated garden, there are also amongst us a few followers of Hahnemann. These persons are allowed to dispense by themselves, and are not subjected to any control, as they do not write prescriptions; their trade is, however, confined to the lowest classes, sugar being much cheaper than medicine, which is certainly a consideration. No respectable medical man in the kingdom has embraced homœopathy; nor would any one condescend to meet a Homœopath in consultation, or to seriously discuss Hahnemann's principles; and we often wonder that, instead of punishing the followers of his by silence, so many distinguished medical men in England should have taken up the cudgels against them. As far as I know, there are only four Homœopaths in the whole of Denmark, viz., three in Copenhagen, and one in the country. One of the former was lately brought before the Criminal Court, when it was proved by a number of witnesses, on oath, that he had never made any examination of the condition of the patients who had come to consult him, but merely given them a piece of sugar and sent them away as fast as he could, in order to be able to "do" as many as possible of a morning. Many persons suffering from gonorrhœa and syphilis were thus sweetly treated, and the results of the neglect may be imagined. A nursemaid, amongst others, who suffered from a severe form of syphilis, had been treated by the man for several weeks without his knowing anything of her complaint, and of course, without any warning having been given to her employers. He declared an apprentice, who suffered from common itch, to be affected with the king's evil, and refused to look at the skin of the patient. The same distinguished practitioner had already, previously to his last trial, been punished several times; once for giving a testimony of death without his having seen the body; another time for not having cut down a man who had hanged himself; and again, for having treated a syphilitic patient without looking at the ulcer. The only Homœopath practising in the country, is a clergyman in Jutland, who has already five times been convicted for quackery, and was the last time sent to prison for two months. The same man has also been convicted for abuse of his clerical powers. From all this I believe I am justified in stating, that Homœopathy had better shut up altogether in this country.—*Med. Times and Gaz.*, March 29th, 1262.

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Fossil Feathered Reptile.—The announcement made to the geologists of Germany, about three months ago, by Hermann Von Meyer, that he had obtained from the lithographic slate of Solenhofen, in Bavaria, a fossil impression of a feather on the upper and under surfaces of a split slab, and that this feather was undistinguishable in its appearance from that of existing birds, attracted but little attention beyond palæontological circles. We had already evidences of birds from the greensand; and the discovery of birds in the Solenhofen oolite would merely lead us to connect the osseous remains still more closely with the evidences of avian footprints discovered by Hitchcock in the Triassic sandstones. Von Meyer's feather, which he termed *Archæopteryx*, is, however, completely eclipsed in interest by the intelligence made public by the venerable A. Wagner, of Münich, that in the collection of M. Häberlein, of Pappenheim, exists the skeleton of an animal undoubtedly of reptilian organization, as indicated by the vertebral column and the form of the pelvis, and offering most analogy to the genus *Ramphorhynchus*, or long-tailed *Pterodactylus*. It approaches the class birds by its trifid metatarsals, and by having developed from a flat bone near the *ulnar* and *radius*, and supposed to be a carpal, a radiate fan of feathers, similar to those of birds. At the apical extremity of the tail is another radiate fan, also of feathers. The rest of the animal appears to have been destitute of plumage. Unfortunately the head is wanting. This anomalous form is referred by Wagner to the order *Pterosauria*, and has been generically distinguished by the term *Griphosaurus*, from γρῖφος, *an enigma.*—*Ibid.*

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Ophthalmic Hospital at Dublin.—Mr. **Wilde**, the eminent ophthalmic surgeon, has purchased the Park Street School of Medicine, repaired and altered it for the purposes of an Eye Hospital, and has munificently made an assignment of it to Trustees as an Ophthalmic Hospital for the use and advantage of the afflicted poor of Dublin.

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CLINICS.

Clinical Lecture on Scarlatina and its Sequelæ.—By T. Hillier, M. D., Physician to the Hospital for Sick Children. Of all diseases incident to childhood there is not one which presents greater varieties of aspect, not one in which it is more difficult to foretell the probable course; not one which more frequently brings unexpected death into previously healthy households, and destroys within a few weeks, or even days, the children of an entire family, more commonly than scarlatina. Amongst the acute specific diseases now in this country, it ranks first as regards mortality. In the Registrar-General's Report it stands second, being preceded by typhus; when, however, we remember that typhus in his tables includes not only typhus, typhoid, and relapsing fevers, but also frequently cases of asthenic pneumonia and other diseases assuming a typhoid aspect, erroneously certified to be fever, it will be seen that we must not ascribe to any one disease the large number of deaths ranged under this heading. It is peculiarly a disease of childhood, nearly ninety per cent. of the deaths caused by it occurring under the age of 10 years.

Of 76,255 deaths from 6 epidemic diseases in London during the 12 years from 1840 to 1851, 21,551 were from scarlatina, and 23,964 deaths from the diseases classed together as typhus.[1] During the last 20 years in London, scarlatina has numbered

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[1] These numbers are taken from Dr. Richardson's Clinical Essay on Scarlatina in "Asclepiad," p. 76.

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44,392 victims. The highest mortality was in 1848, 4750; the lowest in 1841, 663. At different periods it varies extremely in intensity. In the experience of the illustrious Sydenham, in the 17th century, it was so trifling that he speaks of it as "the mere name of a disease much less to be dreaded than measles." Before the close of that century a severer epidemic of the disease prevailed in London, and was described by Morton, who did not, however, distinguish it from measles. In 1778, Withering described, with great accuracy, an epidemic of scarlatina anginosa and maligna as it appeared in Birmingham. Graves, in his Clinical Lectures states, "that in the years 1800-1804 scarlet fever committed great ravages in Dublin, the type which it assumed was most virulent, sometimes terminating in death as early as the second day. It thinned many families in the upper and middle classes, and left not a few parents childless. From the year 1804 to 1831, scarlatina epidemics recurred, but always in a mild form, so much so that many were led to believe that the fatality of the former epidemic was chiefly, if not altogether, owing to the erroneous method of cure adopted by the physicians of Dublin, and that the diminished mortality was entirely attributable to a cooling regimen and the timely use of the lancet." Graves adds: "This was taught in the schools, and scarlet fever was every day quoted as exhibiting one of the most triumphant examples of the efficiency of the new doctrines. This I myself learned; this I taught; how erroneously will appear in the sequel." He goes on to say, "The experience derived from the present epidemic has completely refuted this reasoning, and has proved that, in spite of our boasted improvements, we have not been more successful in 1834-5 than were our predecessors in 1801-2.

The error committed by the Dublin physicians is one to which we are all liable, not only respecting scarlet fever, but many other diseases. We are tempted to conclude that ours is the only right mode of treatment for all cases of any particular disease, because a large proportion of patients have recovered under our hands, whilst other physicians, adopting another treatment, have lost many patients from the same disease in other places and at other times. We should constantly bear in mind how much the same disease varies in different epidemics and even in different stages of the same epidemic, as well as in different places at the same time. In no disease probably is this caution more required than in the one under consideration to-day. The mortality of different epidemics may be illustrated by the statistics of the London Fever Hospital, where, in eleven consecutive years, the mortality varied from one death in six cases to only one in forty. There is no reason to suppose that any change of treatment was essentially concerned in this great difference of mortality. In St. Pancras, in 1858, one-tenth of the gross mortality was due to scarlatina, and of the deaths under ten years of age one-sixth were from that disease. A recent writer on this subject suggests that there is generally about a constant proportion between the number of mild and of malignant cases, and that, in any epidemic, where there are many malignant cases, there will be a proportionate number of mild cases. My own conviction is, that in different epidemics the proportion of mild to malignant varies extremely; the numbers just quoted from the Fever Hospital appear to prove this. In this hospital the proportion of fatal cases to the number admitted has also much varied, but not to so wide a degree as in the Fever Hospital. The mortality has ranged from one in three to one in eleven. Very many of the cases admitted here are brought, not during the continuance of the specific fever, but soon afterwards, in order that the sequelæ (brought on frequently from neglect) may be treated.

In some epidemics the *throat* is the part which has suffered most; in others, the subsequent *dropsy*, dependent on renal disease, was the most frequent cause of death; and in others the disturbance of the *nervous* system was most marked; whilst in others uncontrollable *diarrhœa* has been a prominent symptom; and in some an *hemorrhagic* tendency has been exhibited.

In these lectures I shall mainly dwell on those forms of disease which have come under my own notice in this hospital during the past twelve months, occasionally making reference to the notes of cases which have been under the care of my colleague, Dr. West, since the opening of this hospital ten years ago.

This disease does not confine its ravages to the dwellings of the poor, nor does it commit much greater devastations in ill-drained, badly ventilated places, than in those which are well provided with drainage and moderately supplied with fresh air. Hygienic conditions exercise less influence over its course than they do over most epidemic disorders. It proves fatal alike to the weakly and the robust, though it is undoubtedly more to be dreaded in a scrofulous child than in a healthy one. In the great majority of deaths from measles, there are generally either unfavourable sanitary arrangements surrounding the patient, or the child was previously unhealthy. Deaths from measles, except in the case of unhealthy children, are rare amongst those in easy circumstances. The same cannot be said of deaths from scarlatina. It has even been asserted by some that this disease proves more fatal to the children of the rich and well-to-do classes than to those of the poor. With the view of ascertaining the truth on this point. I compared the social positions of about 500 children in St. Pancras who died from scarlatina with those of the same number who died from all causes. The results were as follows:—

	Scarlatina.	All causes.
Children of gentlemen . . .	7	7
“ professional men .	15	9
“ merchants, tradesmen	100	79
“ clerks, accountants	31	25
“ artisans and skilled labourers . . .	205	195
“ policemen, soldiers, and postmen . .	12	23
“ household servants	25	49
“ common labourers	109	121

These numbers are not sufficient to prove very much, but so far as they go they seem to show that the families of professional men, merchants, and tradesmen, in St. Pancras suffered considerably more, and those of clerks and skilled labourers a little more proportionally from scarlatina than from other causes; whilst the families of policemen, postmen, household servants, and common labourers suffered more proportionally from other causes of death than from scarlatina.

It is also found, that in proportion to population scarlatina is but little more fatal in towns than in the country. We do not know what circumstances decide the degree of severity of each case of the disease. It can scarcely be the dose of the poison. Of several persons equally exposed to the infection of the disorder, one may escape entirely, another may have a mild attack of the disease, a third may have simply a sore-throat, and a fourth may have a most virulent attack of the complaint. Such effects as these may result from exposure either to mild or to malignant cases of the disease. There is something in the state of the patient which influences the nature of the attack. One writer on this disease says that children with dark hair, eyes, and complexion, suffer more than those with blue or gray eyes and light hair. I have not been able to confirm this observation.

In this, as in the other exanthemata, one attack commonly constitutes a protection against another in the same person; there can, however, be no question that the disease does occasionally recur. Dr. Richardson says that he himself has had three distinct attacks of scarlatina. Scarlatina occasionally relapses within a month of its first occurrence.

One case, under the care of Dr. West, appears to illustrate this statement. A little girl, aged 3½ years, had measles on June 16, 1854, and a second eruption on the 23d and 24th of the same month. From the description of a sister the second rash had the characters of scarlatina. It was accompanied by sore-throat. She was brought to this hospital on June 27, and then had a dull heavy look, and was somewhat vacant. At night she was delirious. There was no eruption. She continued for the next three days rather dull intellectually, and on July 2 she had otorrhœa with fetid discharge, and two days later much thick discharge from nares. There was no albumen in the urine. After this her intellectual power was gradually restored, and she left the hospital tolerably well on July 21. A week later, that is seven days after leaving the hospital, and thirty-six days after the occurrence of the rash which simulated scarlatina, she was again brought to the hospital. She had then been ill for two days. She had a papular red rash on her body, with much coryza and dry cough, and a hot skin. The next day, July 29, rash was more distinct, mottled, and considered by Dr. Jenner to be a scarlatinal rash. There was also sore-throat. Slight desquamation was taking place on the forehead. Three days later (August 1): The first day she has seemed better; the discharge from nose and ears was very offensive. Cough nearly gone. August 3. Cough returned with heat of skin, and signs of pneumonia. Throughout a tendency to looseness of the bowels. On August 5 she died, *i. e.*, on 9th day from readmission.

After death there was found pneumonic consolidation of parts of both lungs, kidneys anæmic, spleen firm. Blood of body generally coagulated. Auricles filled with clots interlaced much with columnæ carneæ. There was ulceration of both tonsils. Stomach and intestines were healthy.

I have to-day seen a young woman in the Fever Hospital suffering from a second attack of scarlatina, the first attack having occurred five weeks ago. She had quite recovered from the first illness, and was acting as a nurse. In both seizures the rash, the state of the throat, and other symptoms, were well defined. The second appeared likely to be less severe than the first.[1]

Perhaps in this, almost more than in any other acute specific disease, the influence of family constitution in favouring the occurrence of the disease, and in disposing to a fatal issue, is to be noted. The circumstance that one or more members of a family have suffered severely from the disease, or have been cut off by it, is sufficient to increase one's anxiety with regard to other members of the same family. Dr. Jenner has called especial attention to the same fact in regard to diphtheria. Dr. Richardson mentions a case in which father, mother, and children, appeared to be insusceptible of contracting the disease, though they conveyed the virus to other persons.

The highest mortality from this disease occurs during the fourth or autumn quarter of the year; the third quarter is the next most fatal quarter; then follows the first quarter; and the second quarter comes lowest in the scale of mortality. About 35 per cent. of all the deaths occur in autumn, *i. e.*, October, November, and December; 24 per cent. in summer, *i. e.*, July, August, September; 22 per cent. in winter, *i. e.*, January, February, March; and 18 per cent. in spring, *i. e.*, April, May, June, on an average of sixteen years, from 1840 to 1856.

The age at which scarlatina proves most fatal is the third year; 17 per cent. occur at that age. The dropsy consequent on scarlatina is most fatal in the fourth year. 69 per cent. of all scarlatina deaths occur under the age of five years.

Males suffer from scarlatinal dropsy in proportion of 60.3 per cent. to 39.7 per cent. females.

From measles, the largest mortality occurs in the second year, about 35 per cent., and nearly 17 per cent. occur under the age of one year. From scarlatina, less than 7 per cent. occur under the age of one year, and less than 14 per cent. between one and two years of age. Above the age of ten, about 9 per cent. of deaths from scarlatina occur; from measles, about 1 per cent.

In order to the occurrence of this fever, we consider it necessary that there should be a receptive subject and exposure to the infection. It is very difficult to prove that cases do not now originate *de novo*, although it is probable that they do not. As to the nature of the virus we know but little. We do know, however, that it is not carried far by the air, probably not many feet; that it may be carried any distance in clothes or in some other way about the person; that it may retain its power of propagation for many weeks; that it is destructible by heat somewhat below the boiling-point of water. From these properties we may probably conclude that it is not very, if at all, volatile; that it is either itself an organic ponderable solid, or else that it is attached to some organic solids, such as the epidemic or epithelial cells. The poison may be laid up in a room for weeks or even months, and still retain its noxious properties. A very remarkable instance of this is given by Dr. Richardson. He relates it as follows:—

"During my early career I assisted a practitioner at Saffron Walden. In our Union district we had an outbreak of scarlet fever. At a short distance from one of our villages there was situated on a slight eminence a small clump of labourers' cottages, with the thatch peering down on the beds of the sleepers. A man and his wife lived in one of these cottages, with four lovely children. . . . The poison of scarlet fever entered this poor man's door, and at once struck down one of the flock. It seemed to me that I had saved the remaining children by obtaining their removal to the care of a grand-parent who lived a few miles away. Some weeks elapsed, when one of these was allowed to return home. Within twenty-four hours it was seized with the disorder and died with equal rapidity to the first. We were doubly cautious in respect to the return of the other children. Every inch of wall in the cottage was cleansed and lime-washed; every article of clothing and linen washed, or if bad destroyed. Floors were thoroughly scoured, and so long a period as four months was allowed to elapse before any of the living children were brought home. Then one child was allowed to return. He reached his father's cottage early in the morning, he seemed dull the next day, and at midnight in the succeeding twelve hours I was sent for to find him also the subject of scarlet fever. The disease again assumed the malignant type, and his child died."

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[1] Immediately after this lecture a medical student present told me that he had himself had scarlatina three times, and a week after the third attack he had a distinct relapse.

He further adds, "I have always believed that in this instance the thatch was the medium in which the poison was retained." This would seem to be the only way of explaining the phenomena.

The period of *incubation* varies in different cases. It may not exceed twenty-four hours. Trousseau mentions the following case: "A London merchant, who had spent the winter with one of his daughters at Pau, was bringing her home to England, and stayed a few days in Paris. His eldest daughter, who had wintered in London, came to meet them in Paris, and arrived there at the same time as they did, eight hours after being attacked with scarlet fever. Within twenty-four hours after the sisters met, the younger one was seized with the same complaint. Now scarlatina prevailed in London, but there was none of it at Pau."

The period is commonly several days; Withering said three or four days; Dr. West says usually under a week. It may, however, be prolonged beyond this. There were three sisters named Pattison; one of them was attacked with scarlatina on September 14, was brought here on September 16, and remained here till October 18. Eight days after her return home, that is, on October 26, another sister was attacked and remained at home. A younger sister, though still in the house and not isolated, showed no symptoms of the disease till fifteen days later, on November 10. These cases are interesting, because we have here two children exposed to the infection of a case of scarlatina from the first to the third day, escaping the disease, one of them until she has been again brought into contact with a convalescent case from the thirty-sixth to the forty-fourth day from its commencement, and the other until she has been also exposed for the first fifteen days of the second case of the fever.

The period at which the risk of infection ceases is a point on which you will be often asked for an opinion. So long as desquamation is going on there is certainly danger, and as a general rule, five or six weeks is the very shortest period which should be allowed to elapse before patients from scarlatina should be allowed to associate with children who have never had the disease. At the end of that time, if proper precautions have been taken thoroughly to disinfect the clothes, bedding, and furniture of the place occupied by the sick, the risk may be pronounced to be almost *nil*. If the rooms be papered it will be safer to repaper them; if not, the walls and ceilings should be well washed. In all cases the floors should be scoured, and air very freely admitted into the rooms for several days. To disinfect clothes and bedding, the simplest effectual way is to expose them either to a dry heat equal to that of boiling water or to actual boiling. Whether the virus reside in the epidemic scales, or in the excreta generally, whether it be taken into the system by the lungs or the stomach, and whether the process set up by its introduction be a process analogous to fermentation, or be some exaltation of what is going on constantly in health, are questions not yet clearly answered. The fermentation or zymotic theory has many plausible arguments in its favour, and though not proved, yet is a convenient peg on which to rest a number of known phenomena. On this theory we must suppose that in the young child there is a quantity of fermentible matter which exhausts itself in process of time, or by the excretory glands is removed from the body; and, further, we may suppose that in those who have the disease severely there is a large quantity of this fermentible matter, whilst in those who have it mildly there is only a small quantity of it.—*Med. Times and Gaz.*, May 31, 1862.

(*To be continued.*)

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Clinical Remarks on Cases of Enteric or Typhoid Fever.—The following cases elicited from Dr. Ward some observations upon the etiology, the specific distinctness, and the treatment of enteric fever. He thought that it would be difficult to collect a series of cases more calculated to elucidate the etiology of this disease than those which had occurred at the Seamen's Hospital, *Dreadnaught*. He had narrated but a few, but he had taken tolerably copious notes of more than 100 cases. Taking the first 50, in which there was a clear history of the development of the disease, he found the following results: In only three had it been developed in ships that had come from off a long voyage, say of several weeks, or two or three months. In the other 47 cases, the disease had been developed either while the ships were in harbour at some port of the coast of England, or adjacent countries, and had shown itself on the passage to London, or it had been generated in the ships while lying in the river, especially in the part known as "the Pool," or in one or other of the docks belonging to the port of London, or in the portion of the metropolis frequented by sailors. On reference to the entry-books, Dr. Ward had found that quite as many, if not more, sailors were admitted as patients from ships that had come from off long voyages, as from those which had furnished the disease in question. Some of the ships engaged in traffic to distant countries had undoubtedly advantages in the way of superior accommodation; but in the majority there was overcrowding in the cabins at night, and unhealthy emanations as a consequence. One might, therefore, quite logically eliminate such effluvia, at least in these cases, as an exciting cause of the disease. On the other hand, the facts, that this fever is not most prevalent in the hot, dry season of the year when sewage emanations are most offensive, that men who work in sewers are not especially victims of it, and that the offensive state of the Thames, which was said to be due to the sewage influence, did not generate it, enable us to eliminate drain effluvia also as the peculiar exciting cause. From the circumstance that the ports noticed, the east coast of England, the river, the pool, and the docks had also been prolific sources of the cases of intermittent fever introduced into the *Dreadnaught*, Dr. Ward was led to the conclusion that the specific exciting poison of enteric fever consisted in some atmospheric influence analogous to — not, of course, identical with—that which induces ague and remittent fevers. This view was strengthened by considering the analogies which the fever in question presents with the intermittent and remittent types:—

1. It has a tendency to relapse.

2. It falls peculiarly upon the abdominal viscera, the ileum, the liver, and the spleen.

3. It prevails most at the season which most favours the development of remitting fever, viz., the close and fall of the year.

4. It appears to be fomented by similar atmospheric conditions, as regards hygrometric state, temperature, etc.

Dr. Ward had seldom seen so many cases of irregular ague in London as during the late prevalence in it of enteric fever.

That this fever could not be always traced to such causes as effluvia from decomposing animal matter, sewer emanations, etc., seemed to be confirmed by the irregular way in which it shows itself—at one time, and merely in isolated cases, in houses with defective sanitary arrangements, at another in those the arrangements of which seemed to be in every respect complete. The conclusion might, therefore, be fairly arrived at, that the specific exciting cause of typhoid fever was to be sought in some atmospheric malarious influence, and that defective sewerage, primarily and prominently, emanations from decomposing animal matter, in common with other physical and mental influences which depress the vital powers, are but powerful predisposing causes. Coupling the isolated manner in which this fever showed itself amongst many individuals exposed to the same exciting cause, with the proofs afforded by German pathologists of its analogy to certain blood diseases, it became a question whether some peculiarity of constitution might not also be included among the predisposing causes.

Dr. Ward considered that the specific distinctness of typhus and enteric fevers was determined by the following considerations. Typhus appeared always to be traceable to a different, and, indeed, a local origin, and to be, which enteric fever is not, unless possibly under peculiar circumstances and in a very mild degree, contagious. For many years there had been scarcely a case of typhus fever at the *Dreadnaught*. Latterly, under the influence of concentrated animal effluvia, resulting from an overcrowded state of the ship for some months, several cases had occurred. It attacked the boatswain's wife, then the boatswain, then the man nurse on the medical, and one also on the lower deck. Enteric fever had not given, in the *Dreadnaught* experience, any evidence of contagiousness. Although there had been, at times, from eight to twelve cases on the medical deck, neither officers, nurses, nor patients had fallen victims. On two occasions, when there were several cases on board, this fever afforded a striking contrast in respect to contagiousness with measles, which happened to be present at the same time. In private practice, also, Dr. Ward had never been able to trace an attack to the influence of contagion. With respect to the proof of non-identity of typhus and enteric fever based upon the power of the one disease to excite the other, he had never met with an instance in support of it. Not long ago he had been asked to see two cases of fever in a house, in conjunction with another medical man, and found the mother, a woman of forty, and her boy, seven years old, in the same bed, the former with the rash, etc., of typhus, the latter with the eruption and intestinal symptoms of enteric fever. The possibility of communication from one to the other was negatived by the fact that the two attacks had commenced almost simultaneously. The separate exciting causes of the two affections may have coexisted, and this isolated instance may be regarded as confirming rather than invalidating the rule. The records of the Fever Hospital furnished, he believed, but one instance of the two fevers coming from the same house. In other respects, enteric fever stood out markedly from typhus—in its longer duration and less fatal character, in its eruption, in its enteric symptoms, pointing to the mischief in the ileum which post-mortem examination always confirmed, and in the more active character of the delirium. Dr. Ward thought that the term "typhoid," typhus-like, as a distinctive term for the fever in question, was illogical and absurd. In conclusion, he laid much stress upon the importance of not adopting an over-active line of treatment in this disease, since his experience led him to the conviction that, while much might be done by timely support of the patient's powers, and by combating attendant complications, no plan could materially curtail the attack. In cases of the mildest character even, it was desirable to keep the patient in bed, and on fluid diet, with a view to promote the cicatrization of the ulcerated intestine, and prevent the possible fatal termination by perforation. Salines, with milk and beef-tea, in the earlier stages, and subsequently as more or less vital prostration supervened, diffusible stimulants, wine or brandy, bark, and ammonia, constituted the general plan of treatment. Arrest of the diarrhœa in the earlier stage of the disease was generally followed by an aggravation of enteric symptoms, such as griping and tympanitis, and premature over-stimulation had frequently induced cerebral complication. Towards the period of convalescence, when ulcerative action had ceased, and cicatrization was going on, Nature kept the parts quiet by calming peristaltic action, and the bowels, instead of acting several times in the twenty-four hours, were often not open more than once in two, three, or more days. Under these circumstances, it was undesirable to interfere, even by the mildest laxatives.

[Reported by Mr. Cooke.]

Case 1.—A Norwegian, aged 21, admitted into the Seamen's Hospital, "*Dreadnaught*," May 4, 1861. He had come from Norway: his ship had been lying in the Commercial Docks, and he had been living on board, and sleeping in the forecastle with others. He was taken ill, on April 30, with vertigo and delirium, and the bowels had been open but once daily since then. When admitted, he had a dry and furred tongue, a rapid pulse, hot and dry skin, and some tympanitis. No rash to be detected. He was ordered milk and beef-tea.

On the 6*th*, two or three rose-coloured spots had made their appearance on the abdomen; the bowels had acted twice in the twenty-four hours; the skin was hot, and the tongue furred and moist.

8*th*.—Several fresh spots on the abdomen; diarrhœa of pea-soupy stools. Tongue coated, brown in the centre, fissured, and dry; pulse 100, feeble. Ordered wine ℥iv.

9*th*.—Diarrhœa continues; no tympanitis. Tongue fissured, brown in the centre, clean at the sides; sordes on the teeth; pulse 100. Wine to eight ounces.

11*th*.—Free diaphoreses two or three times since yesterday morning; pulse 95; tongue moister, the fur cracking; three actions since yesterday; the belly soft; no tympanitis; fresh spots.

12th.—Two or three fresh spots on the back; three evacuations.

13th and *14th.*—Three evacuations on each of these days; spots still coming out; tongue cleaning; skin hot but moist; pulse about 90.

16th.—Two stools: no more sweating; tongue nearly clean; pulse 92.

18th.—No action of bowels since yesterday at noon; tongue clean.

19th.—One well-formed evacuation.

23d.—Pulse 60; tongue clean; convalescent. He was kept in bed, and on milk, beef-tea, and wine, until the 29th, when he was allowed a slice of mutton.

On June 2 he was placed upon mutton diet, and porter was substituted for wine; and on June 15 he was discharged quite well.

Case 2.—A Norwegian, aged 18, admitted October 31. Taken ill in the Baltic, eight days before, with shivering, languor, and diarrhœa. Has a hot skin, several rose spots on the abdomen, tongue dry with brown fur, some tympanitis and tenderness in right iliac region, and diarrhœa. Ordered milk, beef-tea, and salines.

November 2.—Several fresh spots; skin dry and rather hot; pulse frequent; tongue dry and fissured; some tympanitis and diarrhœa.

4th.—More spots on the back; skin hot, face flushed; pulse 110; tongue dry and fissured; some abdominal pain, one motion in the twenty hours; rhonchi and sibilant râles on the right side, cough; respirations twenty-eight per minute.

5th.—Diarrhœa; breathing easier; more prostration. Ordered wine ℥iv.

7th.—Skin pungently hot; pulse very rapid; tongue moist; two motions in twenty-four hours: one or two fresh spots.

9th.—No fresh spots; two actions of bowels; skin still hot and dry, and pulse frequent, but tongue keeping moister and cleaning.

11th.—Bowels twice open; evacuations small but loose; belly less tympanitic; tongue nearly clean; pulse still rather frequent.

14th.—Bowels open once or twice in twenty-four hours; motions healthy, but rather relaxed; is now convalescent.

On the 17th he was ordered a slice of mutton, and on the 21st, as he was very weak, the quantity of wine was increased to eight ounces.

The bowels were gradually restored to their normal state; the patient regained his powers, and was discharged "cured" early in December.

Case 3.—J. B., aged 30, was admitted from a ship in one of the docks, on November 26th. He had been ill for five days, and for three of them had been delirious. Has a slight cough, but no expectoration; the breathing is hurried, the face is congested and bluish; tongue dry and rather brown. He attempts to get out of bed, and rambles. Is very prostrate. Ordered milk and beef-tea, and six ounces of brandy.

27th.—Has passed two stools and his urine in bed; has talked much during the night, but taken his nourishment well. There are no spots; but the abdomen is tympanitic. He has a sort of ineffectual cough, but has expectorated one mass of muco-purulent character. There is coarse crepitation behind, and at the lower part of both lungs. Resonance good. Ordered brandy to ten ounces, and the mist. vini gallici every four hours.

28th.—Has passed a tolerably quiet night. The bowels are rather loose; stools of pea-soupy colour; tongue dry and glazed. Though there is much stupor, he does not seem to be so much oppressed as yesterday.

29th.—Is better; fewer stools; tongue moister; a few rose-coloured spots on the abdomen.

30th.—The pulse has more power; is sweating profusely, and has had no stool since yesterday; urine passed involuntarily. From this day up to December 4, when he died, he was continually moving his hands about, attempting to get out of bed, and unable to procure sleep; although opium was given him. The sweating was profuse at intervals, the teeth were covered with sordes, and his countenance became more and more shrunken.

Inspection.—There was some congestion of the lungs. The only change found in the small intestine was ulceration of a large Peyer's patch near the ileo-cæcal valve, and a much smaller ulcer very near to it. None of the patches higher up were found even in an enlarged or congested state.

Case 4.—Charles L., aged 13, a French lad, admitted on January 16, from a small vessel which had been lying for the last week at Greenhithe. On admission, he was very much collapsed from exposure during the journey to the hospital, but rallied after some hours under wine. The master said he had been ill five or six days, had been much purged, and was very delirious at night. He had the aspect and symptoms of typhoid, but no spots were found; up to the 20th his condition was much the same, at times being, with difficulty, however, aroused, and very delirious at night. On the 20th, tongue began to clean, and he became more sensible, and up to the evening of the 23d all the symptoms abated; he then had a large and very loose stool, followed, in about six hours, by sudden death, becoming just before very pallid and cold. On turning up the bed-clothes a large quantity of dark clotted blood was found. The intestines were examined throughout. On peritoneal surface, three inches from large intestine, three or four ulcers were found, sloughy, and had all but allowed contents to escape; to one the vermiform process was adherent. From upper surface of the ileo-cæcal valve up to lower third of small intestine, ulcers of Peyer's patches in all stages were found, increasing in size and degree of ulceration from above downwards. The mesenteric glands much enlarged; large intestine healthy, containing no blood.—*Med. Times and Gazette*, May 24, 1862.

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Clinical Lecture on Neuroma by Mr. Paget, Surgeon to St. Bartholomew's Hospital. A woman, aged 62, who had generally had good health, and who was, except for a large tumour at the back of the thigh, for which she was admitted, quite well. For six years she had had pain in the limb of the same side, but it was only for six months that she had known that there was a tumour in the thigh, and that pressure on this aggravated the pain. The tumour increased in size, but the pain did not increase, except when she struck the tumour, when pain would strike down the whole of the leg, and the limb would jerk up. As felt through the integuments the tumour seemed to be just above the division of the sciatic nerve, and for about two or three inches in length. It was very movable from side to side, but would not pass up nor down. The swaying from side to side gave the idea of its being fixed above and below by a pedicle. It was deeply and widely movable. When pressed on, pain flashed down the leg, and the leg was quickly withdrawn. It was not a steady resolute movement, but a rapid jumping back, a rapid involuntary reflex movement. The diagnosis was tumour of the sciatic nerve or of the upper part of the peroneal.

The symptoms of this case, Mr. Paget said, were very clearly those of neuroma. Two months ago he had had a similar case under care, in which he removed a neuroma from the anterior branch of the musculo-spiral nerve. In this case the symptoms were similar, but there was more pain.

A neuroma is generally in the course of some notable nerve, not necessarily a very large one, but still one that is easily recognizable. The tumour is oval or rounded and well circumscribed, and its longest diameter is in the direction of the nerve fibres. To this rule there are exceptions. In one case Mr. Paget had found that the tumour was wider transversely.

The tumour is very movable laterally, and less so or not at all longitudinally. The parts in the neighbourhood are healthy. The pain is peculiar; by pressure on the tumour the pain is not merely felt in that position, but also as a flash down the limb. Usually there is no constant severe abiding pain. In some cases there is severe constant pains, now and then aggravated in paroxysms, producing fainting or even epileptiform seizures. As well as the pain produced by pressure there is also the involuntary jumping back of the limb, previously mentioned.

Suppose, then, that the diagnosis is arrived at, that there is a tumour in a nerve, it may be cystic-fibrous, fibro-cystic, or cancerous. Cancerous tumours of nerves, Mr. Paget said, were exceedingly rare, and, except by their rapid growth and the cachexia, it would be very difficult to make a diagnosis. If it were cystic, the tumour would be elastic, and rapidly recoil on removing the pressure. If neither cancerous nor cystic, then it would be fibrous or fibro-cystic. A neuroma may be simulated by a tumour growing close to a nerve, and involving it. Such a tumour would have many of the characters of neuroma, but not quite the same. The pain would not vary. and there would be no jerking back of the limb.

Cases of irritable tumour of the breast, or painful subcutaneous tumours, might be confounded with neuromata. Such tumours are exceedingly painful. It is possible that the pain in these tumours may depend on the implication of a nerve fibre of invisible size; but Mr. Paget said he had never traced a nerve fibre into one. These tumours, however, never attain a large size. They will last for twenty years, and not exceed half an inch in size. They always adhere to the skin.

An important point in this case is the relation of the tumour to the nerve fibres. It is said, Mr. Paget remarked, that we ought to cut out the tumour and the piece of nerve along with it, but that now and then we might get the tumour away without injury to the nerve. Mr. Paget's opinion is that the facts are just the reverse, that it is quite the exception to be obliged to cut away a piece of the nerve. Generally it involves none of the nerve fibres. They are spread out over it, but quite free from it. In the present case the tumour was in a distinct capsule, and within the sheath of the nerve. A few fibres were in front of it, but the greater mass was on one side. It was merely necessary to push the fibre on one side and then remove the tumour, leaving the nerve fibres quite untouched. To have cut out a piece of the nerve would have produced paralysis, a much greater evil than the tumour itself. It is true, Mr. Paget said, that when a considerable piece of a nerve is cut out that the nerve will sometimes repair, but this is in young subjects, and it is not likely that in a patient so old as the subject of this case repair could have taken place.

The tumour might recur, but it was extremely rare for recurrence to take place after the removal of neuromata. It was a fair specimen of a fibro-cystic tumour. The cyst cavity was filled with blood or blood-stained serum. There are, Mr. Paget said, generally bulbous swellings on nerves after they have been divided, as in stumps after amputation. These may be called traumatic-neuromata, and have not the least similarity to those above described. They are merely large fibrous scars of nerves.

Neuromata are generally single; but sometimes nearly every nerve in the body is affected. Dr. Smith, of Dublin, related a case in which there were two thousand neuroma. This multiplicity does not indicate malignancy. It is common to find multitudes of fatty tumours. It is a singular thing that we rarely see two or three neuromata, or two or three fatty tumours, in the same person. Either there is only one or there are a very great many.

[The result of this case was very good. The wound was all healed in three weeks, and the woman went out well.]—*Med. Times and Gaz.*, May 3, 1862.

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Clinical Lecture on Two Cases of Obstructed Bowel requiring Operation.—By John Adams, Surgeon to the London Hospital.

Gentlemen: We have lately had under our observation two cases of obstruction in the bowels, which, in some respects, are similar, but in others are dissimilar. In one case, the operation of Amussat was performed in the left loin; in the other, the cæcum was opened in the right iliac fossa (a modification of the operation of Littre).

The first case is that of a man, 60 years old, of a remarkably healthy aspect, and who had never suffered any inconvenience from disordered bowel until the attack to which allusion is now made. He was admitted into the London Hospital, under Dr. Fraser, and his history is simply this: Suddenly, some days before his admission, he found himself unable to empty his bowels. He tried various means to procure relief, but finding these unavailing he applied at the hospital. Dr. Fraser ordered various mild tonic purgatives, as aloes, etc.; calomel and opium, turpentine, and other injections were used also without effect. Vomiting had occurred, but not to any severe extent, and the abdomen became excessively distended, without any decided local pain, though with a great deal of necessary distress. I was requested to see him on the fifteenth day after admission, as the doctor thought some surgical interference was now called for.

I can add little or nothing to the description just given. The abdomen was greatly distended; still there was no local pain, nor was there any extraordinary distress indicated by the man's countenance; the vomiting had entirely ceased for three days; his water had been passed freely, and exhibited nothing peculiar either as to quantity or quality. I carefully examined the belly, and found nothing locally demanding remark, but I was very solicitous to see the condition of both loins, and I found them both equally tense, as if the ascending and descending colon were distended. I was induced by the comparatively favourable state of the patient, as indicated by his aspect, his tongue, and his pulse, to temporize, and see if injections thrown up in various positions of the patient could be serviceable. On the following day, everything remained in *statu quo*. I therefore called a consultation of my colleagues, amongst whom the only trifling difference of opinion existed in reference to the necessity of an immediate resort to the operation, or the propriety of twenty-four hours' delay. I ought not to omit to mention that the rectum-tube could not be passed up more than five inches. I counselled delay myself, under the idea, founded on experience, that occasionally, when the patient is almost *in extremis*, the bowels will act of themselves. I grant that to take up this position is hazardous, unless a very close observation can be maintained, as in the case before us.

On the eighteenth day from the beginning of the attack, finding all other means unavailing, the operation of Amussat was performed, and the left loin was opened in the usual manner, and a large quantity of semi-fluid feces passed, to the complete relief of the patient.

I have no remark to offer on the operation; it is one easily performed if the colon is distended as in the case before us. Some sloughing occurred three or four days after the operation, but this was soon arrested, and as perfect a cure as can be attained with an artificial anus was effected in this case. The man has left the hospital, still discharging his feces through the wound, although wind has on more than one occasion escaped per anum.

The second case is that of a gentleman, 25 years old, who consulted me on January 10, under the following circumstances. He was emaciated, and although not looking very ill, yet the anxiety of his countenance, gave me the idea of severe chronic disease. He told me, and his account was fully borne out by an excellent epitome of his case drawn up by Mr. Mason, of Burton-on-Trent, that he had been occasionally subject to attacks of constipation and vomiting; that these attacks were always attended with pain in the right iliac region, whence it radiated in all directions. He himself gave me no further history of his case, but this has been supplied me by the report of his medical attendant, and I will relate it presently. I examined his abdomen carefully, and found on deep pressure much pain in the right iliac region; the small intestines could be seen distended and cramped in this region, and I thought I could feel a swelling hereabouts; but I could come to no satisfactory conclusion on the subject. I advised the young man to go to Hastings to try what effect towards the restoration of his health could thus be obtained. He had previously had directions given him about the general management of his bowels, and careful attention to his diet was enjoined; nutritive food in a semi-fluid state was ordered, with beer, etc., and I prescribed occasional doses ot cod-liver oil.

I heard once from him afterwards, and his progress appeared satisfactory.

However, at the end of a month from the time when I first saw him, he had a very severe attack, and his medical attendants, finding they could procure no relief for his bowels, sent him to London, and he came under my care at the hospital.

His condition, which you witnessed, was simply this: He had been seized with pain in the right iliac region, which extended to the left side; he had repeatedly vomited, and had passed no satisfactory evacuation for four or five days. His countenance was anxious, pulse quick, tongue furred, and abdomen in front universally distended and tympanitic; but not only was there no distension in the lumbar regions, but the loins were actually and distinctly flattened. Injections were ordered, and opium was given with no satisfactory result; after waiting, therefore, about six hours, and finding him worse in all respects, with the aid of Mr. Hutchinson, who quite coincided with me as to the probable seat of the disease, I opened with the usual precautions the peritoneum, drew out a portion of the cæcum, and opened it after carefully stitching it to the abdominal walls. An incision through the skin and abdominal muscles of about four inches in extent, beginning opposite the umbilicus on the right side and carried down half an inch internal to the anterior superior spine of the ileum, was quite sufficient to expose the cæcum. A quantity, probably two or more ounces, of straw-coloured serum escaped from the peritoneal cavity, and an immense amount of liquid feces passed through the opening in the cæcum. Opium was ordered, and he was quite comfortable the next morning, but an attack of peritonitis terminated his life fifty-six hours after the operation. His body was examined, and all the evidences of acute peritonitis were found. During the operation I tried to make out the cause of his complaint, and by my forefinger I fancied I could feel a thickening of a part of the intestine in the iliac fossa, but I confess I could not quite satisfy myself upon this point. The colon was found quite empty after death, and at its very commencement a dense organic structure (of the nature of which there is some doubt) occupied the colon, so that a moderate sized lead-pencil could be scarcely passed through it. The seat of the disease was therefore apparent, and it is clear that no other operation would have availed to relieve the distended bowels. The cæcum was large and its coats were thickened, and a similar condition existed in the small intestines towards the termination of the ileum. Dr. Andrew Clark reports the following as the result of his microscopical examination of the thickened gut: "The thickening consists of nucleated fibrous tissue, and is not in my opinion carcinomatous. The glands are enlarged and infiltrated with fibrous tissue."

I bring these two cases before you, as they are of recent occurrence and fresh in your recollections, and because, although analogous, they are by no means parallel. In the first case there has been no opportunity to ascertain the cause of obstruction. From the aspect of the man and history of the case, I am not inclined to regard his case as one of cancer of the intestine; from the same circumstances there can be no doubt that the disease was in the large intestine, for, independently of the fact that vomiting was by no means a prominent symptom, the rectum-tube could not be passed beyond five inches, and this leads to the impression that either a stricture existed at the upper part of this gut, or, what I think is more probable, there has been a twisting or some displacement of the sigmoid flexure of the colon which was the cause of the obstruction. The subject is still involved in mystery. However, be the cause what it may, there could not be the slightest doubt about the propriety of opening the descending colon.

In the second case, the analogy is maintained by the obstinate nature of the constipation, and by the absence of vomiting as a persistent symptom. These signs, with the healthy state of the urine, led me also to the inference that the disease was seated in the large rather than in the small intestine. But the analogy ceases here, and the parallelism is destroyed; for in the latter case a clear history, which I shall give you in the words of his own medical attendant, and a part of which I gathered myself, pointed out the right iliac region as the seat of the obstruction. I candidly admit that I could neither ascertain in what intestine the disease existed, nor could I divine its true character. The most important part of the diagnosis, in a surgical point of view, was unquestionably deduced from the remarkably flattened condition of both lumbar regions, clearly pointing out to me the fact that the colon was empty. In this the case is so forcibly contrasted with the first case I have mentioned, where both lumbar regions were excessively distended, and could be easily defined, notwithstanding the general abdominal distension.

I ought not to attach too much importance to the vomiting, for I find, from the history furnished by his surgeon, that at an early stage of his complaint, which had commenced about fourteen months ago, the disease was ushered in by a severe attack of vomiting and constipation, which lasted ten days, and was relieved by enemata of soap and water and turpentine. A quantity of feces, of a vermiform appearance, escaped, followed by several pints of semi-fluid secretion.

Now, mark the early history of the case as given by his surgeon, whose letter to me I will read:—

"Dear Sir: I cannot express to you the extent of the obligation you have conferred upon me by the report of the operation and post-mortem in Mr. Hodson's case. He had a fall when skating last year, and severely hurt the right side of his abdomen, but the effects wore off in a few days without any medical treatment; but in seven or eight weeks he began to complain, and has gone on gradually getting worse ever since, having always previously enjoyed excellent health. I believe this to have been the origin of his complaint.

Faithfully yours, W. Mason.

Burton-on-Trent."

The history is important, and, however much some may feel disposed to disregard the original injury as the cause of the disease in question, in my opinion it clearly points the importance of the rule that we should never neglect to investigate most closely the history of every case submitted to us for examination; and, further, that we should never disregard fixed local pain as a very important element in our calculation in endeavouring to ascertain the seat of obscure disease.—*Ibid.*, April 12th, 1862.

HOSPITAL NOTES AND GLEANINGS.

Amputation of the Leg, in a case where pulmonary tuberculosis was present.—On the 6th of May, a male patient, in Westminster Hospital, aged about fifty-five, was submitted to amputation of the left leg, above the knee, for exhausting disease of the latter. The pain and suffering were so great that the man prayed to have his leg removed. He was greatly reduced in health; and now had deposit of tubercle in both lungs added to his other complaint. The operation was performed solely as a palliative measure, to relieve suffering, and to prolong life if possible, even for a short period of time. After it was accomplished, Mr. Holt made some clinical remarks.

He said that this man had been in hospital some time ago, under his care, for disease of the knee-joint of eighteen months' duration. By active treatment, such as the use of blisters, confinement of the limb in splints, and attention to the general health, the patient left the hospital tolerably well. Mr. Holt had hoped that it was one of those cases in which, being treated sufficiently early, the improvement would have continued. The man, however, met with an accident, and fresh inflammation was set up, which proceeded to involve the articular cartilages and ends of the bones. Abscesses formed around and within the joint, and it became deformed as well as diseased.

The patient was now in such a low condition that it was quite impossible he could recover. The question arose whether amputation or excision should be performed. In this there was no choice left; for the general health was bad, and, on examining the man's chest, the lungs were discovered to be studded with tubercles. There was no hope therefore from the adoption of excision, as there was an absence of that amount of health necessary for the repair and union of the divided ends of the bones. Should his leg be amputated? or should he be allowed to go on and die with such terrible suffering as he had? Mr. Holt urged him to undergo the operation to allow of some relief for the time being, with the possibility of arresting the pulmonary disease. This, Mr. Holt observed, was not a new doctrine, for it had been broached by other surgeons, whose experience showed that it was an advantage. He therefore gave the man this chance.

The operation was not quite so rapid as is sometimes seen, for all the tissues were so infiltrated with disease that they adhered to the femur, and did not retract on division. The tissues had to be cut away from the bone. Very little blood indeed was lost, and the man is not placed in a more unfavourable condition than before. It will be interesting to watch, Mr. Holt remarked in conclusion, whether the lung-disease will become arrested by the removal of such a painful and exhausting affection of the limb.

Up to the present time the man has progressed favourably, and there is certainly no aggravation of the chest malady. The operation, therefore, has proved decidedly advantageous.

Excision of the Elbow-joint for Scrofulous Disease of Twenty Years' Standing; Recovery.—The results of excision are not in any joint more satisfactory than in that of the elbow. Of 149 recorded cases there were 33 deaths, or a little over 22 per cent. Of 470 amputations of the humerus 157 proved fatal, or in the ratio of about 33 per cent. Thus it will be observed that the results are decidedly in favour of excision of the elbow-joint. The following case adds an additional unit to the favourable statistics which are accumulating in relation to this operation. We are indebted to Mr. Atkins, house-surgeon, for the notes indicating the progress of the case.

A. H——, aged thirty-three, was admitted into the West London Hospital, having been the subject of scrofulous caries of the elbow-joint for nearly twenty years. During this long period he had had repeated attacks of inflammation in the joint. Pieces of bone had at various times been removed. On admission, the arm was anchylosed in the bent position. There were one or two apertures connected with small sinuses, and the patient complained of much nocturnal pain. The arm was useless to him in his occupation. Mr. Hart proceeded to excise the diseased joint and ends of the bones on March 12th, employing the single posterior incision. On laying open the joint, the dislocated and anchylosed process of the ulna projected most prominently; Mr. Hart therefore removed this first, then sliced away the articular ends of the humerus, and cut through the head of the radius. It was necessary to remove a greater extent of bone than usual, because, owing to the number of years that dislocation and consequent shortening had continued, corresponding retraction of the soft parts existed; so that it was necessary to make allowance for the overlapping of the bones, and to remove enough to leave a small space between the sawn ends, which would ultimately admit of flexion of the arm after time had been allowed for fibrous tissue to be developed between them. The precaution was observed, however, of not opening the medullary canals; for experience has shown that when serious accidents have followed excisions, they have often been traceable to that circumstance. Silver sutures were used in approximating the wound, and it was bound up with strips of wet lint. Heath's splint was applied at the time, but the pads were not buckled tightly. The advantage of applying the splint at once seems to be that the arm can be thus shifted when necessary without movement at the joint and pain to the patient. On the other hand, if the pads are strapped tightly for the first day or two after the operation, troublesome swelling is apt to ensue at the joint and in the forearm. To prevent the œdema and painful engorgement of the hand which sometimes occur, the limb was fixed on a slightly inclined plane. The case has progressed extremely well, and the patient has a very useful arm, with good movement at the elbow.—*Lancet*, May 24, 1862.

Stricture of the Female Urethra.—The present instance, Mr. FERGUSSON remarked, was one of the curiosities of surgery. He had not seen such a case before, simple though it was. The patient, a woman about thirty-five years of age, had been sent to him by a friend in London, as she could not void her urine. He endeavoured to pass an instrument into the bladder, but could not succeed. She had much pain after micturition, and had some of the symptoms of calculus; and he was prepared in his operation to have extracted a stone, if it had been present. He thought the best plan to adopt was to give her chloroform, and enlarge the urethra at once by a single operation, in preference to submitting her to a number of operations by dilatation as is practised in the male urethra. "You may remember," Mr. Fergusson said, "that I could pass only a small instrument, not larger than an ordinary probe." A No. 3 catheter could not be passed, but he succeeded in getting in a grooved director, and, with a little force, introduced a small sound upon it; when, finding no stone present, he ran a narrow probe-pointed bistoury into the urethra, and made a notch on either side, and then readily passed a No 8 catheter. He now anticipated that the urethra would assume its normal dimensions. The stricture, he further remarked, probably arose from a large ulcer at the orifice of the urethra, the contraction of which in healing had ended in a severe stricture. The previous history of the patient, however, was unknown. The subject, he said, was not mentioned in any of the ordinary books.

In the *Mirror* of the 23d February, 1861, we placed on record an instance of stricture of the female urethra, under Mr. Curling's care at the London Hospital, caused by injury in childbirth, and cured by dilatation. In our remarks on that interesting case we gave references to other examples, especially to one published in the fourth volume of the Cyclopædia of Anatomy and Physiology (p. 1267), also occurring in the practice of Mr. Curling. Another instance of the same malady, associated with rupture of the perineum, will be found in the following case.—*Lancet*, May 17, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of the State of Pennsylvania.—This Society held its thirteenth session on Wednesday, June 11th, in the Hall of the Medical Department of the University of Pennsylvania.

At 11 o'clock A. M., Dr. E. Wallace, of Berks Co., President of the Society, took the chair, supported by Drs. John Bell, of Philadelphia, and G. W. Allison, of Beaver Co., Vice Presidents, and Dr. J. Henry

Smaltz, of Philadelphia, Recording Secretary.

Dr. Condie, on behalf of the Committee of Arrangement of the Philadelphia County Medical Society, welcomed to the city the Delegates from the several counties represented, and proffered to them every courtesy and kindness in the power of the committee, adapted to render pleasant their visit to the Metropolis of the State.

In explanation of the call of the present session of the State Society in Philadelphia, Dr. Condie remarked—

"It was with deep regret that we were compelled to acquiesce in a postponement of the session of this Society appointed to be held last year in the city of Pittsburg. While we acknowledged the necessity which existed in the summer of 1861 for passing over the session which should have been held then, we did not perceive that any cause existed to prevent the holding of the session of the present year, and we were well persuaded that another postponement of the annual meetings of the State Society, even for a single year, would jeopard the entire medical organization of the State, already, from various causes, much impaired. While however, we felt the necessity for holding the present session, it became very apparent from the apathy in respect to everything designed to promote the common interests of the profession, exhibited by our medical brethren of Pittsburg and its vicinity, and the entire absence on their part of any encouragement to our holding a session of the State Society in their midst, that had it been called this year, as was originally proposed, for that city, the attendance of delegates would have been so slim that, if the session did not prove an entire failure, it would have been at least one from which no favourable result could be anticipated.

"Under these circumstances the Philadelphia County Medical Society concluded to invite the State Society to hold its session of 1862 in this city, believing that a much fuller attendance from most parts of the State might be anticipated here than would probably be the case in any other locality. This invitation, after due deliberation, and a correspondence with members of the several county societies still in existence, and with many influential physicians in different parts of the State, was accepted by the officers and Committee of Arrangement of the Pennsylvania State Society, the propriety and policy of the change in the place of meeting being acquiesced in by all who were consulted. We feel very confident that the beneficial influence resulting from the deliberations and resolves of the session now convened will be such as fully to sustain the Medical Society of Philadelphia County in causing you to be called together on this occasion and in this place.

Drs. Nebinger, of Philadelphia, Ulrick, of Berks, and Schrack, of Montgomery, were appointed a committee on credentials.

On motion of Dr. Gross, it was resolved that the surgeons of the army and navy in this city, or temporarily sojourning among us; also, the physicians of neighbouring States, and Dr. John L. Atlee, of the Lancaster County Society, be invited to seats on the floor of the convention, and to participate in the deliberations of the Society.

Dr. Condie, on behalf of the Censors, reported that a society had been formed in Luzerne County, of the Officers and Members of which a list was presented.

On motion of Dr. Horton, of Bradford, it was resolved that a copy of the address of welcome of Dr. Condie be requested for publication in the Transactions.

Dr. Nebinger, on behalf of the Committee on Credentials, reported a list of duly accredited delegates.

On behalf of the committee he also recommended that Dr. J. B. Luden, of Huntingdon, who was present without credentials; Drs. C. R. Early, of Elk, and J. Dyer, of Bucks, in which counties no societies existed, and Dr. W. H. McGill, President of the Susquehanna Medical Society, at Montour, be invited to take seats as delegates. Agreed to.

The calling of the roll and reading of the journal of last session were dispensed with.

The President, Dr. E. Wallace, then delivered the annual address.

The thanks of the Society were tendered to the President for his address, and a copy was requested for publication.

The Treasurer, R. P. Thomas, submitted his accounts, which were referred to a committee to be audited.

He reported, also, that since the organization of this body, in 1848, there have been associated with it societies in Alleghany, Beaver, Berks, Blair, Bradford, Bucks, Cambria, Carbon, Chester, Columbia, Delaware, Erie, Franklin, Huntingdon, Lancaster, Lawrence, Lebanon, Lehigh, Lycoming, Mercer, Mifflin, Montgomery, Montour, Indiana, Northumberland, Perry, Philadelphia, Schuylkill, Susquehanna, Washington, and York Counties—thirty societies in thirty-one counties. Owing to various causes the number has been materially reduced, and there are now registered on the Treasurer's books only twenty county societies to which any "Transactions" have been sent since 1857—namely, Beaver, Berks, Blair, Bradford, Cambria, Carbon, Chester, Huntingdon, Indiana, Lancaster, Lebanon, Lehigh, Mercer, Montgomery, Perry, Philadelphia, Schuylkill, Susquehanna, Susquehanna Union—embracing Columbia and Montour counties—and Washington County. Small as the number now is, it will have to be still further reduced in the distribution of the printed Transactions for the present year, unless active measures be taken to arouse the dormant spirit of medical organization.

The committee to audit the accounts of the Treasurer reported that they had examined the same and found them correct.

The committee on Publication reported that they had printed an edition of 650 copies of the Transactions of the session of June, 1860, and 270 copies of a letter, prepared according to a resolution of the Society at its last session. The Transactions were distributed as follows: To county societies, 480 copies; to Medical Society and journals, 30; and, with the letter, in thirty counties in which there were no county medical societies; remaining on hand, 79. One or more copies of the letter were sent to prominent physicians throughout the State. The committee regret that, from the impossibility of procuring the names of reliable physicians in the remaining counties, the resolutions of the last session, in respect to the distribution of the Transactions and circular letter in counties where no medical societies exist, had not been as fully carried out as could have been desired.

A committee, composed of Drs. Condie, of Philadelphia, Murphy, of Chester, and Marr, of Luzerne, was appointed to examine the minutes of the last session, and report all items of unfinished or deferred business.

A Nominating Committee, composed of one from each county represented—named by its delegation—to select officers for the ensuing year, was appointed.

The Society then adjourned until 4 P. M.

Afternoon Session.

The Committee on unfinished and deferred business, reported.

The Committee on supply of Vaccine Matter reported, that it had continued diligently to attend to the duties of its appointment. The chairman, Dr. Condie, had distributed throughout the State a large amount of reliable virus, and on several occasions furnished a supply for the revaccination of our volunteers whilst in camp within the State. He had endeavoured, also, to impress upon the physicians of Pennsylvania the importance of keeping up their supply of effective matter by a system of vaccination throughout the year. In other words, instead of deferring vaccination to particular seasons, to vaccinate each infant born, so soon as it shall arrive at a proper age — say, at its second or third month. He knew of no valid reason why vaccination might not be as safely practiced in midsummer and midwinter as at any other season. He would certainly insist whenever there is the slightest danger of infection from smallpox, of vaccination being performed at all seasons and at every age, from birth upwards. In sparsely populated districts of country, where there cannot be expected to occur a quick succession of subjects for vaccination, he had recommended, as a means of keeping up a supply of active virus, the vaccination of the udder of a healthy cow with good matter; he meant, he remarked, vaccine matter. By variolating cows no doubt a very active vaccine virus may be produced, but he did not recommend the use of matter thus obtained, excepting with the utmost caution, and then only by those who have had sufficient experience in the procedure necessary to insure entire success.

On motion the Committee was continued.

It being announced that Dr. R. M. Cooper, of New Jersey, had been appointed a delegate from the medical society of that State, and had come to meet the State Society of Pennsylvania, with a request that the latter would reciprocate by the appointment of one or more delegates to the next annual session of the New Jersey State Society, on motion, it was resolved, that three commissioners be named by the committee of nominations, to attend the next annual session of the New Jersey State Medical Society.

A resolution was also passed congratulating the State Medical Society of New Jersey for its steady efforts, during an uninterrupted period of ninety-six years, to uphold the legitimate interest of the profession and to increase and diffuse a knowledge of sound pathology and therapeutics within its limits.

A communication was received from Professor Rogers, inviting the Society to visit the Wistar Museum and Anatomical Cabinet of the University of Pennsylvania.

The report of the Medical Society of Beaver County was presented, and after being read, was, on motion, referred to the Committee of Publication.

The report of the Medical Society of Bradford County was presented and read, and then, on motion referred to the Committee of Publication.

There was no report on meteorology and epidemics from Chester County, but several biographical notices of deceased members of the Medical Society of that County were presented, and, on motion, referred to the Committee on Publication.

From Huntingdon County a report was presented by Dr. J. B. Luden. He stated that the Huntingdon County Medical Society would have met this year, but the national troubles had prevented it, a number of the most valuable physicians of the county having accepted positions in the army. There is no public registration of deaths, and consequently no mortuary report. The principal diseases are of the congestive type. From the experience of the delegate, he would estimate the number of deaths at about two per cent. Typhoid fever was the most prevalent and fatal disease, as is the case in all hilly and elevated countries. No epidemic has existed save whooping-cough and measles. Scarce a house escaped the visitation of one or the other; in many cases in children the one has followed the other. No adult death is reported from either. Fever and ague and remittents have been prevalent. Dysentery has been troublesome and malignant in its form. While the canal and railroad were being built ague was very prevalent, and then it disappeared entirely.

Dr. Luden remarked that, the circumstances attending the occurrence of ague in his district were interesting. At first the canal was dug, and during its construction ague prevailed almost continuously and of a very severe form. It then ceased. When the railroad was laid alongside the canal, with the second excavation of earth the ague returned. For five years it proved a scourge and then ceased altogether. It was caused both times by the upturning of the subsoil from which emanated the miasma that produces the disease.

The Committee appointed to consider the expediency of admitting the bona fide pupils of members of county societies to seats as auditors at their meetings reported favourably, and recommended their admission, which recommendation was approved by the State Society, and permission granted accordingly.

The reasons assigned in support of this movement were as follows: First, it would create a salutary fellowship and emulation among the medical students of each county, and interest their parents and friends, thereby increasing the confidence and respect of the community in and for the medical profession.

Second, it would cultivate the gift of teaching in many experienced practitioners, and thereby transmit and augment the knowledge of the healing art, and better fit the office pupil to become the matriculant of an approved medical college, and thus raise the character of American medicine.

Third, the discussions in the County Societies would, in consequence, become more practical, varied and animated, the deportment of the members more genial, and that of the congregated pupils of the county more respectful, confiding and industrious.

Fourth, the healing art would be augmented and transmitted from preceptor to pupil, through successive generations, and collegiate teachers would be united in a common effort to sustain the art and science of medicine.

THURSDAY, JUNE 12, 10 A. M.

The Society re-assembled. After reading the minutes of yesterday's proceedings—

A communication was received from the Guardians of the Poor, inviting the Society to visit the Hospital and Insane Department of the Blockley Almshouse.

The Committee on Nominations reported the following gentlemen, to serve as officers for the ensuing year:—

President.—George F. Horton, M. D., Bradford County.

Vice-Presidents.—Traill Green, M. D., Northampton County; Isaac Thomas,

M. D., Chester County; Franklin Bache, M. D., Philadelphia County; John F. Lamb, M. D., Philadelphia County.

Corresponding Secretary.—Joseph Carson, M. D., Philadelphia County.

Recording Secretaries.—J. Henry Smaltz, M. D., Philadelphia County; Joseph M. Stevenson, M. D., Westmoreland County.

Treasurer.—William Maybury, M. D., Philadelphia County.

Censors, 1st and 2d Districts.—J. S. Zeigler, M. D., Lancaster County; A. Parsons, M. D., Bradford County; H. Corson, M. D., Montgomery County; Jacob Pennypacker, M. D., Chester County; B. Richardson, M. D., Susquehanna County; Martin Luther, M. D., Berks County; James S. Carpenter, M. D., Schuylkill County; D. F. Condie, M. D., Philadelphia County; Charles Jones, M. D., Northampton County; J. W. Gloninger, M. D., Lebanon County.

3d and 4th Districts.—N. Packer, M. D., Tioga County; P. Ebert, M. D., Perry County; J. D. Ross, M. D., Blair County; J. B. Luden, M. D., Huntingdon County; W. R. Finlay, M. D., Blair County; G. L. Sheare, M. D., York County.

5th and 6th Districts.—J. Wishart, M.D., Washington County; S. Cunningham, M. D., Beaver County; J. M. Stewart, M. D., Indiana County; William Lemon, M. D., Cambria County; D. B. Natchez, M. D., Lawrence County; James King, M. D., Alleghany County.

Delegates to the American Medical Society.—John Schrack, M. D., Montgomery County; J. L. Galbraith, M. D., Perry County; B. F. Schneck, M. D., Lebanon County; S. D. Gross, M. D., Philadelphia County; A. Nebinger, M. D., do.; Daniel A. Ulrick, M. D., Berks County.

Commissioners to Medical Society of New Jersey.—D. Francis Condie, M. D., Philadelphia County; John L. Atlee, M.D., Lancaster County; Edward Wallace, M.D., Berks County.

Additional Members of Committee on Publication.—Levi Curtis, M. D., Chairman, Philadelphia County; Wm. B. Atkinson, M. D., Philadelphia County; Joseph Leidy, M. D., Philadelphia County.

The Committee also recommend that the next annual session be held in Philadelphia, on the second Wednesday of June, 1863, at 11 o'clock A. M.

Dr. G. C. Cooper, delegate from the New Jersey State Society, acknowledged on behalf of that body the complimentary resolution of yesterday. The New Jersey Society is the oldest on the continent, and will shortly celebrate its centennial anniversary.

Communications were received, inviting the Society to visit the military hospitals of the city, the United States Arsenal at Bridesburg, the Pennsylvania Academy of Fine Arts, the Pennsylvania Hospital for the Insane, and also one from Mr. John Brodhead, President of the Camden and Atlantic Railroad, extending the Society an invitation to visit Atlantic City.

The communications were acknowledged and the thanks of the Society returned for the invitations presented. In consequence of prior engagements, however, the Society would be unable to visit Atlantic City in a body.

The report from Montgomery County Medical Society was presented and read by Dr. Evans. It was, on motion, referred to the Committee on Publication.

The report from Perry County Medical Society was presented and read by Dr. Galbraith. It was, on motion, referred to the Committee on Publication.

The report from Philadelphia County Medical Society was presented and read by Dr. Corse. On motion, it was referred to the Committee on Publication.

The following preamble and resolutions were adopted, and ordered to be printed:—

Whereas, The organization of the profession in this State into County Medical Societies has not progressed as rapidly as was expected by the founders of this Society, and whereas we believe this body sufficiently influential, if proper and persevering efforts be made, to accomplish the objects contemplated in its organization; therefore

Resolved, That it be enjoined on the delegates from each county society, with the co-operation of the societies they represent, to make special efforts, by correspondence and personal visitation, to effect organizations, during the present year, in the several counties adjacent to those in which societies now exist; and that these delegates be constituted committees for that purpose, with instructions to report the results of their efforts severally to this body, at its next annual session.

Resolved, That in furtherance of this measure, the delegates from the Philadelphia County Medical Society, be instructed to take measures to reorganize the profession in Delaware, Northampton and Alleghany Counties; that the Lancaster society be instructed to make similar efforts to organize the profession in the counties of Dauphin and Cumberland; the delegates from Berks County, the profession in Lebanon and Lehigh Counties; those from Chester County, the profession in York and Adams Counties; those from Montgomery, the profession in Bucks; those from Beaver, the profession in the counties of Lawrence and Washington; those from Bradford, the profession in Wyoming and Tioga Counties; those from Indiana, the profession in Armstrong; those from the Susquehanna Union Society, the profession in Union and Northampton Counties; those from Perry, the profession in Juniata; those from Luzerne, the profession in Carbon; those from Westmoreland, the profession in Fayette; and those from Blair, the profession in Bradford.

The following amendments to the Constitution, proposed at the last session, were taken up and adopted: Section 1st, Article 3, was amended so as to read that the Society shall consist of delegates and "permanent members;" section 2, the addition of the words "and to them and the permanent members shall be entrusted the management of the affairs of the Society;" section 5, altered so as to read "every member of the County Society having once served as a delegate shall be thereafter a permanent member of the State Society so long as he conforms to its regulations, and is in good standing in his County Society;" "section 6, Permanent members shall be entitled to vote, to participate in the discussions and elections, and have all the privileges of delegates, except eligibility to the offices of the Society; article 6, section 1, "Provided that in any county where no society exists the members of the profession in such county shall have the privilege of uniting with the association of any adjoining city or county, which membership shall only continue during the time that no organized society shall exist in the county in which they reside."

Adjourned until Friday morning at 10 o'clock.

At 2 o'clock the members re-assembled at the College, where they took omnibuses to the Navy Yard, to Merrick & Son's foundry, and to the Volunteer Refreshment Saloons, where soldiers' rations were distributed to them, with a dessert of strawberries and cream provided by Dr. Nebinger.

FRIDAY, JUNE 13, 10 O'CLOCK A.M.

On motion of Dr. Darrach a committee was appointed to consider the propriety and feasibility of establishing a daily medical gazette. The committee, of which Dr. Darrach is chairman, to report at the next annual meeting of the Society.

Dr. Emmanuel, of Delaware, submitted a series of resolutions tendering the thanks of the Society to the various railroad companies who had issued commutation tickets to the delegates; to the Medical Faculty of the University of Pennsylvania for the use of its hall for the meetings of the Society, and to the managers of the different institutions to visit which the Society had been invited.

The resolutions were adopted unanimously.

Dr. Horton, president elect, was now installed.

Upon taking his seat the doctor made an address, offering his grateful acknowledgments for the distinguished honour conferred upon him, and pledging his heart and hand in the good work of advancing and securing the interests of our holy profession.

A resolution was now offered instructing the Corresponding Secretary to open a correspondence with the other State medical societies of the United States, with a view to the interchange of transactions, which was adopted.

Dr. Thomas, the late Treasurer of the Society, having declined a renomination, the following resolution was offered and unanimously adopted:—

Resolved, That the thanks of this Society be tendered to Dr. R. P. THOMAS, the retiring Treasurer of this Society, for the efficient and satisfactory manner in which he has discharged the onerous duties of his office during the past seven years.

The usual vote of thanks to the retiring officers was adopted by a unanimous vote.

The Society then adjourned to the second Wednesday of June, 1863, when it will again assemble in this city.

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Extirpation of the Eye.—Dr. NOYES presented to the New York Pathological Society an eye, removed from a medical man, thirty six years of age, which had been injured some years ago. For the last three years, he had had trouble with the sound eye, owing to the injury of the other. There was tenderness upon pressure; he had *muscæ volitantes*, and could read large print very indifferently. Extirpation of the eye was succeeded by chills, sickness at the stomach, pulse 110, collection of pus, which was discharged by puncturing the orbit. The other eye was not sensibly impaired. The diseased eye was found to contain an opacity upon the front of the crystalline lens and ossification of the choroid.—*Med. and Surg. Reporter*, May 31, 1862.

Medical and Surgical History of the War.—[The Surgeon General has issued the following circular, which, we trust, will be responded to by every medical officer in the service. The gentlemen to whom the task of preparing the proposed publication has been assigned are eminently qualified to perform that duty, and we confidently expect the most satisfactory results from their labour]:—

SURGEON GENERAL'S OFFICE,
Washington City, D. C., June 9, 1862.

It is intended to prepare for publication the Medical and Surgical History of the Rebellion.

The medical portion of this work has been committed to Assistant Surgeon J. J. Woodward, United States Army, and the surgical part to Brigade Surgeon John H. Brinton, United States Volunteers.

All medical officers are, therefore, requested to co-operate in this undertaking by forwarding to this office such sanitary, topographical, medical and surgical reports, details of cases, essays, and results of investigations and inquiries as may be of value for this work, for which full credit will be given in the forthcoming volumes.

Authority has been given to both the above named gentlemen to issue, from time to time, such circulars as may be necessary to elicit the desired facts, and the medical officers are desired to comply with the requests which may thus be made of them.

It is scarcely necessary to remind the medical officers of the regular and volunteer services that through the means in question much may be done to advance the science which we all have so much at heart, and to establish landmarks which will serve to guide us in future.

It is, therefore, confidently expected that no one will neglect this opportunity of advancing the honour of the service, the cause of humanity, and his own reputation.

WILLIAM A. HAMMOND,
Surgeon General U. S. A.

Employment of Regular Nurses and Cooks in U. S. Hospitals.—[We invite attention to the following circular from the Surgeon-General U. S. A., from which it will be perceived that authority is given to employ civilians as nurses and cooks in the General Hospitals. This will conduce greatly to the comfort and advantage of patients. Hitherto these offices have been mainly performed by convalescent soldiers, who are very unreliable, these duties being generally distasteful to them, and by the time they have become expert, they are either returned to their regiments or discharged the service. We regard this as one of the many improvements for which we are indebted to the present Surgeon-General.]

SURGEON-GENERAL'S OFFICE,
June 5, 1862.

The Secretary of War having authorized in certain cases the employment of civilians as cooks and nurses for duty in General Hospitals (only), the following rules and instructions are published for the information of all concerned:—

Regulations for the Hospital Corps of the United States Army.—The men of the Hospital Corps will each receive $20 50 per month, besides clothing, rations, and medical attendance.

They will be under military discipline, and subject only to the orders of the Medical authorities, and will wear the undress uniform of a private soldier, with a green half chevron on the left forearm.

Their duties will be either nursing the sick and wounded of the Army in Hospitals, cooking, or any other duties with the sick at the discretion of the Medical Officers.

They will be divided into squads of eleven, one of whom will be responsible for the efficiency of the rest. One squad will be allowed to every one hundred patients.

At the usual roll-calls, the chief of the squad will answer for the rest to the Hospital Steward, who will thus learn the number of vacant beds in each ward, and all other particulars concerning the condition and wants of the hospital, which he will report to the Medical "Officer of the Day." The term of the service of the Hospital Corps will be according to the necessities of the service, or during good conduct.

The amount of pay and clothing received by each nurse, with date, will be recorded on their contract, which will be as a Descriptive List to go with the nurse.

The senior Medical Officer in charge will make a monthly pay roll of the Hospital Corps similar to Form 12, Medical Regulations, except the rank and designation, and transmit the same for payment to the nearest Medical Disbursing Officer.

Surgeons in charge of General Hospitals, when so authorized, may make contracts with persons for such service according to the provisions set forth herein.

William A. Hammond,
Surgeon General.

Note.—It is hereby enjoined upon all Medical Officers that they shall not avail themselves of this special authority of the War Department without first receiving permission of the Surgeon-General to do so, on making a full statement of the facts in the case, and clearly setting forth the reasons why the permission should be granted, except in cases of immediate necessity and urgency, and then the Commanding Officer must approve. In such exceptional cases the facts will be promptly reported to the Surgeon-General with the necessary explanations, together with a request that permission be given to continue the employment if the necessity still exists.

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Assistant Surgeon General.—Dr. R. C. Wood, who was acting surgeon general during the protracted ill health of the late surgeon general, Dr. Lawson, and who ably fulfilled its duties, has, under the new organization of the department, been appointed assistant surgeon general.

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Sanitary Inspectors U.S.A.—The act reorganizing the medical department provides for the appointment of eight sanitary inspectors. Six of these have been now appointed, viz., Dr. John M. Cuyler, Dr. Rich. H. Coolidge, Dr. Edw. P. Vollum, Dr. Geo. H. Lyman, Dr. Geo. F. Allen, and Wm. H. Mussey.

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Obituary Record.—Died of paralysis at Greenville, S. C., on the 27th of May, Francis Young Porcher aged 73 years. Dr. Porcher was a graduate of the University of Pennsylvania and one of the most eminent practitioners of Charleston.

FOREIGN INTELLIGENCE.

Hospital Ventilation.—The agitation consequent upon the discussion on Paris hospital organization has brought to the surface several facts which neglect or red-tapeism might have allowed to escape notice for an indefinite period. Various blots in the present system have been hit, and several defects pointed out in a way which leaves the authorities no other alternative than that of reform. M. Chalvet, in three excellent papers on the subject, lately published in the *Gazette des Hôpitaux*, demonstrates, amongst other things, that certain dust rubbed off the walls of one of the wards in the Hôpital St. Louis contained no less than thirty per cent. of organic and putrescible matter, that the walls were consequently in a condition incompatible with the healthiness of the ward, and that the administration had exercised a culpable economy in the matter of whitewash. Moreover that the bed-curtains, so likely to intercept and become charged with the material of contagion, are only washed twice a year and constitute in themselves an ever-present source of morbific causes; and lastly, that the lint, bandages, and other surgical apparatus are habitually kept in close proximity with the water-closets, and thus have ample opportunity of becoming impregnated with noxious emanations. Not only is the medical profession in France awaking to the study of the hospital difficulty, but even the general public is gradually taking an increasing interest in its definite and satisfactory solution. General Morin, at one of the late meetings of the Academy of Sciences, made a communication on the subject of hospital ventilation, which is illustrative of this fact. In this paper, General Morin divides the actual systems of ventilation into two classes—those in which the draught is determined in an upward direction by a fire lighted in the upper story of the edifice, and those in which the converse prevails. He recommends a middle plan, which is very much that already in operation in England—viz., the establishment of the fire on a level with the apartment which it is intended to ventilate. The system which exists at the Hôpital Lariboisière, and which works very well, is peculiar to that establishment. The building consists, as you know, of eight pavilions, each containing three stories, and each story containing a ward with twenty-two beds, as well as a small room containing two beds, for cases which it may be expedient to isolate. The vitiated air is conveyed away from each floor by nineteen evacuating flues, which unite into a common tube in the upper part of the building, where a draught is determined by the presence of a large boiler constantly at work. The quantity of foul air thus evacuated in a second is somewhat more than a cubic metre—a result which it is said might be considerably increased were the friction caused by the unevenness of the surface of the flues obviated. —*Lancet*, March 15, 1862.

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English Surgeons and Operators.—The following statement, which we take from the London *Lancet* of May 17th, is worth remembering when we consider the arrogant claims constantly made by British writers of the superiority of their institutions, medical, scientific, and political.

"An Indian medical officer once stated within our hearing, that when suddenly called upon to take off the finger of a soldier which had been injured by the lock of his gun on the march, he found himself in the unpleasant position of having for the first time to perform that operation at the cost of the living subject, never having previously practised it. He said that he spent nearly half an hour before he accomplished the operation, and the fearful responsibility which would have rested on him had one of the limbs been involved impressed him most deeply and painfully. He lost no opportunity subsequently of repairing that grievous omission in his surgical education. This monstrous defect is, however, one under which a great number of men labour who go forth from the portals of the college of surgeons duly certificated to practice in the art and science of surgery; and as to whom the president and council of that body avouch to all whom it may concern, that all that education need do has been done fully to fit the surgeon in question for the amputation, incision, excision, or other retrenchment of the limbs and bodies of the scrofulous, cancerous, exostotic, or otherwise morbidly disposed individuals claiming relief from surgery. Candidates present themselves for admission to services such as that of the Royal Navy who candidly avow, as we are authoritatively informed, that they have never performed any operation upon the subject, and are wholly unpractised in the operative details of their art. To turn out surgeons who are unacquainted with surgery; to certify as an operator a man who has never performed an operation; to present to the world, after deliberate examination, then and there, as 'fit and capable to exercise the science and art of surgery,' a man whom no humane person would permit to amputate the limb of a live dog, because, from sheer want of practical initiation, he must do it badly, is a folly and an injustice which, as we submit to the Examining Board of the College of Surgeons, requires amendment. Conceive the position of a young man placed on board a small ship, where he has no senior to watch and direct his movements, called upon to disarticulate the shoulder, to amputate at the ankle-joint, to trephine the skull, or perform any other operation of emergency. Never having performed any such operation on the dead body, he is placed at a fearful disadvantage, and is not 'fit and capable' for his work. His feelings are not to be envied nor those of his patient. The authorities of the Naval Medical Department are, we believe, resolved not to admit to that service any candidate who has not gone through a properly directed course of operations on the subject, and who is not able to show that he has benefited by that instruction. We applaud and endorse that resolution. In the interest of the civil population the same requirements should be made by the College of Surgeons from all their candidates. To certify surgeons who have never practised the most trifling surgical operation, even on the dead body, is a nullification of common sense."

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Results of Revaccination of the Prussian Army in 1861.—During 1861 there were 64,985 soldiers vaccinated or revaccinated, and of this number 53,979 individuals exhibited plain marks of prior vaccination, and 7204 indistinct marks, while in 3802 no traces of this were visible. The vaccination now performed was regular in its course in 41,494; irregular in 7482; unsuccessful in 16,009; total, 64,985. The unsuccessful cases vaccinated again, furnished 5658 additional examples of successful vaccination, making 47,152 or 72 per cent. of those vaccinated. Among the soldiers who had been now or on former occasions successfully revaccinated, there appeared during the year four cases of varicella and ten of varioloid, but no case of variola. In the entire army there appeared, during 1861, 56 cases of this class of diseases, viz., 7 of varicella, 45 of varioloid, and 4 of true variola. Of these, 25 cases (2 of varicella, 21 of varioloid, and 2 of variola) occurred in soldiers who had not been revaccinated; 17 (viz., 1 of varicella, 14 of varioloid, and 2 of variola) in soldiers revaccinated without result; and 14 (viz., 4 of varicella, and 10 of variola) in cases in which revaccination had succeeded. The great bulk of these cases were of a mild or even trivial character; but 4 of them ended fatally, viz., a case of variola occurring in a soldier who had not been revaccinated; 1 of varioloid, revaccination having been performed without success; together with a case of varioloid and another of variola occurring in recruits who had not been revaccinated.—*Ibid.*, from *Berlin Med. Zeit.*, No. 35.

Suicides in Denmark.—Suicides are much more frequent in Denmark than anywhere else. According to the reports of the statistical bureau, there occurred here 4430 suicides, from 1845 to 1856, that is 369 2 annually. Since 1835 there has been an increase of 31.4 per cent. in the numbers, and which far exceeds the increase of the population. From 1835 to 1844 there was, in a population of 1,283.000, only one suicide in 4568 persons; while from 1845 to 1856, in a population of 1,444,000, one suicide occurred in 3911 persons. Fifty years ago, Callisen mentioned the frequency of suicides in this country as a lamentable circumstance; but matters have become much worse since then. In 100,000 persons, there commit suicide annually: In Denmark, 25.6; in Geneva, 24.8; in Saxony, 20.2; in Norway, 10.8; in Prussia, 10.8; in England, 10.1; in France, 10; in Sweden, 6.7; and in Belgium. 5.6. It is very doubtful whether these considerable differences are to be ascribed to the difference in the government and administration of the several countries, as some persons are inclined to think. Perhaps the numbers are too small as regards England, where suicide is considered felony, and many cases, therefore, escape this verdict; but they are certainly correct for Germany, France and Belgium.

One-fourth of the whole number who commit suicide in Denmark are women; the same proportion exists in Norway and France, while in Prussia and Sweden only one-fifth are women. In Copenhagen 39.1 commit suicide in 100,000 persons; in the other Danish towns 30.3, and in the provinces 23.2. In the island of Zealand the number is 29 3, in Laaland and Falster 24.1, in Jutland 22 1, in Fyen 19.7. The season has a considerable influence upon suicidal mania; most suicides occur in summer (36.7), the maximum being in June; then follows autumn (23.5), spring (22), and finally winter 17.8, the minimum being in December. The same proportion exists in almost every other country; and the assertion of M. Falret, that most suicides happened in autumn, because nature wore a sad aspect at that time, and thereby gave rise to melancholia, is quite erroneous, and contradicted by recent statistical investigations. It seems, however, that there is less difference in this respect in towns than in the country.

It was formerly generally believed that the love of life increased with age, but this view, which was shared even by Esquirol and Falret, has also been refuted by modern statistics; it being shown that the rate of suicides is six to seven times greater in old persons than in young ones. Concerning the mode of suicide adopted, there has been always a great uniformity in the numbers. In Denmark, of a hundred persons, 68.9 kill themselves by hanging, 20.8 by drowning, 4.9 by firearms, 3.3 by cutting instruments, 0 6 by throwing themselves down from considerable heights, 1.5 by poisoning. Women, and old persons generally, prefer drowning to hanging, while young people are more fond of shooting themselves.

As to the condition in life of the persons concerned, it appears servants are very prone to suicide. The number of servants in Denmark is 14 per cent. of the whole population; but in the list of persons having committed suicide, 22 per cent. are servants. Private soldiers and drunkards come next.

Man being an imitative animal, it generally happens that, as soon as a few suicides have been mentioned as interesting news in the papers, and more especially if they are given with full details, other suicides follow in rapid succession. Editors should, for this reason, be cautious of admitting such news into their columns. Moreover, it is difficult to perceive why the unhappy end of such wretched persons should be honoured with Herostratic monuments.—*Med. Times and Gaz.*, March 29, 1862.

Meteorological Phenomena of 1861.—The Academy of Sciences has received a paper from M. Fournet, on the meteorological occurrences of last year, which he considers to have been one of the most remarkable hitherto recorded in this respect. The summer of 1861 was extremely hot in various parts of Europe. At Lyons the thermometer rose to 96° Fahr. on the 12th and 13th August; and Provence, Italy, Algeria, and Spain experienced temperatures in proportion. The fields of Murcia and Alicante were reduced to complete sterility. Paris suffered considerably, as also Rhenish-Bavaria, near Neustadt. The north-western provinces of India were desolated by a drought of unexampled duration, and the famine occasioned thereby is still fresh in the minds of our readers. The southern districts of Algeria experienced a similar influence, to such an extent that the gazelles, being in a state of starvation, migrated in numerous flocks to the environs of Gelfa and Boghar, where they committed great ravages. On the other hand, the West Indies were subject to incessant rains, which lasted from February to the end of April, and caused immense damage. To the drought in India succeeded the inundations, far more disastrous than those of 1838. In Africa, the Gulf of Benin enjoyed fine weather; but Sierra Leone and Gambia were laid waste by torrents of rain; the inundations of the Upper Senegal and Nile were destructive. While water was so abundant at the Equator, another phenomenon of quite a different kind occurred at the South Pole—viz., a universal breaking up of all the ice. The only case parallel to this on record is the breaking up of the ice in 1816, which opened the coast of Greenland to European traffic, having been previously ice-bound for four consecutive centuries. In the present case the drift-ice reached the regions of New Holland and New Zealand, between the parallels of 54.21, and 46 S. lat., and 165 and 106 W. long. It formed a kind of archipelago of floating islands of ice, 174 of which were counted by the French frigate Iphigenie. The blocks of icebergs measured from 50 to 86 metres (150 to 258 feet) in altitude. It is chiefly to this phenomenon that M. Fournet attributes the bad weather experienced in 1861, just as the breaking up of the Greenland ice in 1816 may be considered as the cause of the disastrous meteorological events of that year.—*Dublin Med. Press*, May 21, 1862.

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Japanese Doctors.—The London *Lancet* (May 24th) has the following story: "In a conversation which the Russian Ambassador had with the Japanese, he observed that it was to be regretted that their government had not sent over earlier enlightened envoys like themselves, who might have imparted to their countrymen the priceless benefits of our superior civilization. When the interpreter communicated this to his master, great was the surprise and indignation. 'What!' he exclaimed, 'because you blow your noses and make your bows and curtsies differently from us, do you suppose yours to be the right way, ours the wrong? We pay our doctors as long as we are well, and stop their pay when we fall ill until we are cured. You begin to pay them when you are ill, and fee them on till you are cured; and this is one of the many instances of your boasted superior civilization."

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OBITUARY RECORD.—It is with sincere regret that we record the death on the 4th of May, by an accidental fall, of Dr. J. O. MCWILLIAM, chief medical officer to the Niger expedition of 1840?, author of a report on the yellow fever of Boa Vista, and latterly medical officer to the custom-house, and also secretary to the Epidemiological Society.

Dr. McW. was an ardent, zealous and successful cultivator of our science, and his contributions to its advancement are numerous and various. His death is a severe loss to the profession and the public.

—— May 7, 1862, JOHN RICHARD FAVRE, M. D., late Consulting Physician to the Royal London Ophthalmic Hospital, aged 87 years.

—— May 1, 1862, aged 65, after a protracted illness, J. L. C. SCHROEDER VAN DER KOLK, Professor of Medicine in the University of Utrecht, one of the most devoted cultivators of medical science, and illustrious physicians of Holland.

—— May 24, 1862, of sanguineous apoplexy, aged 69, EDWARD STANLEY, Honorary Consulting Surgeon to St. Bartholomew's Hospital.

—— at Madeira, of phthisis pulmonalis, on the 16th of May, THOMAS WAKELY, Esq., founder and editor of the well known *Lancet*, in the 67th year of his age.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Scarlatina and its Sequelæ.—By T. Hillier, M. D., Physician to the Hospital for Sick Children. (Continued from page 137.)

Attack.—The onset of scarlatina is, as a rule, very sudden, frequently occurring without any previous warning. In this respect it differs from typhoid fever and measles. Occasionally there is a sore-throat for several days previously. At the commencement the skin becomes hot; the pulse quickened; there is more or less soreness of the throat, and very often vomiting. There are not usually rigors, much headache, or much pain in the limbs. In some severe cases there are convulsions, and the nervous system appears thoroughly overwhelmed with the poison; there is great depression, a tendency to drowsiness, cold extremities, pupils large and sluggish, pulse quick and weak. From this condition there may be no rallying, and the patient may die in a state of coma within twenty-four or thirty-six hours.

In ordinary cases the rash appears at the end of twenty-four hours, it may be at the end of twelve; MM. Rilliet and Barthez say that in four out of twenty-four cases it was the first symptom. In rare cases it may be delayed till the third, fourth, seventh, or, Trousseau says, even the eighth day. It appears first at the root of the neck, upper part of chest, loins, and arms, and soon spreads to the face, abdomen, and legs. It begins in minute red points, very slightly elevated, and disappearing on pressure. They are frequently so numerous as

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to run into each other, and produce a uniform scarlet blush; sometimes there is a little redness surrounding each hair follicle, which is slightly elevated. When the rash is diffused, and would be commonly described as uniform, there will be often seen, on close inspection, a difference of tint in different parts, some large patches being much more coloured than others, and if the large brighter coloured patches be examined with a lens there will be found some points of deeper colour than others, causing a fine mottling. The nearest approach to a uniform colouring may generally be seen on the forehead and cheeks.

When the rash is punctiform, many of the points are elevated with a slight depression on the centre, and the redness may be confined to these papular spots or may coalesce with the redness of adjoining papules. These elevated spots are commonly best seen on the chest and abdomen, and the outer surface of the thighs and arms. As the rash declines the summit of these papules remains red and elevated after the other portions of skin have become pale. The skin for a time remains of a slightly yellow colour when the redness has disappeared. Ecchymoses are not uncommonly seen near the axilla and the pubes, especially when the rash is very vivid and the case somewhat virulent. The duration of the rash seems in many cases to depend on its intensity; but sometimes, when the rash is not vivid and only punctiform, it continues without change for a number of days.

Miliary vesicles, of varying sizes, with semi-transparent or turbid contents, frequently make their appearance on the elevated papules, especially near the top of the chest and on the abdomen, near the decline of the rash.

The rash varies very much in amount; it may be very scanty, only present near the flexures of the joints, and may be very evanescent. In some cases there is no rash. During the height of the rash the skin of the hands and face is often somewhat swollen. The rash may reach its maximum on the 2d or 3d day of the fever, or go on increasing in intensity to the 5th day; it usually begins to decline on the 5th or 6th day, and has quite disappeared by the 8th, 9th, or 10th day; it has been seen to last till the 16th day. The fever does not, as in smallpox, abate on the outbreak of the eruption. Sometimes between the 5th and 10th days, before the rash has disappeared, there is a return of febrile disturbance followed by a more vivid colour in the rash. The *pulse* in scarlet fever usually rises at once and continues frequent till the 5th day, when there is often a fall. If the pulse rises much on or after that day, there is usually some local lesion about the throat to account for it. The pulse may, however, in less serious cases keep up its frequency without increase, and fall towards the 10th day. The pulse of children in scarlatina commonly rises to 120, except in very mild cases; it not infrequently rises to 130, 140, or 150; when it goes beyond this, death most commonly ensues. The skin in this disease is dry and hot, the temperature rises almost invariably above 100° Fahr., very often to 103° or 104°, and rarely to 105°. Mr. Sydney Ringer, recently Registrar to this hospital, has made a number of very careful observations on the temperature in scarlatina, and has just submitted a paper on the subject to the Royal Medical and Chirurgical Society. He finds that on the 5th day there is very usually a decided fall of temperature; if it do not fall on that day, the fall does not take place until the 10th, 15th, or 20th day. In 7 cases it fell on the 5th day; in 4 on the 10th; in 2 on the 15th; in 1 on the 20th; in 2 on the 4th; in 1 on the 6th. In two other cases the temperature fell so gradually that it was impossible to say exactly on which day it reached its normal point. In cases where the temperature continues high till the 10th, 15th, or 20th day, it generally falls to some extent on each 5th day, but it may rise again between the 5th and 10th, and 10th and 15th, as high or higher than it did during the first five days. In some cases the variation of temperature was slight in each separate day; in other cases it fell during the morning and rose towards the afternoon. The former condition, *i. e.*, the one in which the daily range of temperature was small, was generally found in the severer cases and at the beginning of other cases; the latter condition, *i. e.*, the one in which a great range of temperature during each day occurred in milder cases, and towards the end of severer ones. The hour of the day at which the maximum temperature is reached is more commonly in the afternoon between 2 and 8, but it may be any time between 9 A. M. and 11 P. M. If the temperature, after a complete fall on the 5th day, rises to any considerable extent, it is usually dependent on the commencement of some local complication, it may be albuminuria, hæmaturia, pericarditis, pleurisy, endocarditis, urticaria, inflammation of throat, or rheumatism. The elevation of temperature caused by these complications is maintained for several days and generally ceases on the 10th, 15th, 20th, 25th, or 30th day from the commencement of the primary disease; sometimes it ceases on the 5th, 10th, or 15th day of the secondary disease. These facts appear to indicate that there is a periodicity established in the system consisting commonly of cycles of five days in each. Mr. Ringer thinks the cycles exist in health. The highest temperature may be attained either on the 1st, 2d, 3d, or 4th days, or even as late as the 6th day. Subsequently to the great fall on the 5th, 10th, or 15th day, the temperature usually remains higher than in health for a variable period, in some cases for fourteen or fifteen days. These slighter elevations also formed cycles of five days, and were coincident with a continuance of the lesions produced by the disease; it may be in the throat, glands of neck, or elsewhere.

The *throat* exhibits at first a bright red colour with minute papular elevations on the soft palate; the tonsils, uvula, and soft palate usually become swollen, and in scarlatina anginosa the colour is more dusky, and patches of exudation are commonly seen on the tonsils of a dirty white, yellowish, or ash colour. The patches are soft, and may be readily detached with a blunt instrument; they are much less tenacious and adherent than the false membrane of diphtheria.

The lymphatic glands and the cellular tissue below the angles of the jaws commonly swell, and are often tender to the touch. The swelling may become so hard and painful as to prevent the patient from opening his mouth. There is frequently swelling of the inguinal, and sometimes of the axillary lymphatic glands. These swellings may remain for several weeks. The mucous membrane of the nose, and sometimes of the lachrymal sacs and conjunctivæ, share in the inflammation; there is at first a thin glairy discharge from the nostrils, which soon dries into a crust, much obstructing the entry of air, and causing the patient to breathe with open mouth. The discharge from the nostril frequently excoriates the orifice of the nares, and has a very offensive odour.

The tongue in this disease is commonly coated at first with a whitish or lemon-coloured fur, more or less thick, showing prominent papillæ through it, and with a red tip and edges. On the third or fourth day the fur usually disappears, leaving the tongue of a bright scarlet colour, with large papillæ, and it may be swollen. In cases that are running an unfavourable course, the tongue often becomes dry and brownish about the fifth day. The inflammation often extends up the Eustachian tubes into the tympana. The bowels are usually constipated; diarrhœa is not, however, infrequent, and is sometimes, especially in delicate children of a scrofulous diathesis, very intractable. The diarrhœa is often ascribed to the acrid discharges from the throat being swallowed; this may be the cause, or very probably the mucous membrane of the intestines participates in the unhealthy action going on in the pharynx. The tonsils, pharynx, and the nares frequently become ulcerated, as well as the tongue and angles of the mouth, and the sores thus set up constitute some of the most troublesome sequelæ of the affection. The lymphatic glands become enlarged and often suppurate. The swelling of the neck is sometimes enormous, extending up on to the face and down over the clavicles; it may be confined to one side, but in the worst cases it completely surrounds the front of the neck. The swelling is commonly very hard; the skin sometimes retains its natural aspect; in other cases it becomes glazed and very white, or it may be of a pinkish-red tint. This extreme swelling may be caused by the effusion of serum into the tissues generally with enlargement and vascularity of the lymphatic glands; at a later period pus may be produced, either in one large abscess or in several small distinct abscesses. The cases where pus is at once formed commonly run a more favourable course than those in which this does not occur. Sloughing at times occurs, and may involve not only the skin but much of the subjacent textures, the cellular tissue, the muscles, and, in some cases, the blood-vessels so as to cause fatal hemorrhage. The tissue of the salivary glands commonly resists the sloughing process, though pus may infiltrate the cellular tissue uniting the lobules of the glands.

Desquamation occurs in the great majority of cases of this disease. Of the cases of which I have accurate notes, two had no desquamation during three weeks that they were under observation, whilst two others who left the hospital on the fourteenth and sixteenth days of the disease respectively also showed no signs of desquamation up to the period of their discharge. The date of commencement has varied in the cases of which I have notes from the sixth to the twenty-fifth day: 2 on the sixth, 3 on the seventh, 3 on the eighth, 4 on the ninth, 1 on the tenth, 2 on the eleventh, 2 on the twelfth, 1 on the twenty-first, and 1 on the twenty-fifth days. The desquamation may be so slight as only to cause a mere harshness of the skin, and to exhibit, on close inspection, a few minute branny scales here and there; or it may be so abundant as to give rise to large flakes of cuticle, and to cover the sheets almost with handfuls of the same. On the hands and feet, when the cuticle is thick, the flakes are usually larger than elsewhere. It very often begins near the clavicle, and sometimes on the forehead, near the elbows, and at others in the groin. Desquamation may be extended over many weeks, especially on the hands and feet, a series of exfoliations taking place. In the cases where I have noted its termination, it ended once on the seventeenth day, twice on the twenty-fifth, once on the twenty-ninth days respectively. In other cases that respectively left the hospital on the sixteenth days, between the twentieth and twenty-fifth days, between the twenty-fifth and thirtieth days, between the thirty-fifth and fortieth, between the forty-first and forty-fifth, and between the forty-fifth and fiftieth days, desquamation was still going on either upon the hands or feet, or upon both hands and feet. If the desquamation be carefully noted at its commencement, it will be seen sometimes to begin from the rupture of miliary vesicles, and to spread from these spots as centres; at other times it begins around the papular elevations, and spreads from these to the surrounding skin, or it may not be extended beyond them.

Albuminuria occurs very commonly during desquamation, occasionally during the continuance of rash. Of twenty-six of my cases where the urine has been carefully examined, it occurred in thirteen; out of forty-six cases of which Dr. West kindly lent me the notes, it had been observed in thirty-four. A good many of these were, however, cases which came under notice specially for the symptoms caused by albuminuria, so that the proportion is probably higher than it would be if the notes had comprised all the cases of scarlatinal disease which came under treatment in the same period. I have once found albuminuria on the second day, twice on the fifth day, three times on the ninth, once on the eleventh, once on the twelfth day, once on the eighteenth, once on the twentieth, twice on the twenty-third, and once on the twenty-eighth day. Once it appeared on the eleventh for two or three days, and reappeared again on the twentieth.

I shall postpone the consideration of the dropsy which often accompanies albuminuria until I speak of the sequelæ in my next lecture.

You are aware that scarlatina is usually described under several different heads: *Scarlatina simplex*, *S. anginosa* (some of the forms of which have been described as cynanche maligna), *S. maligna*, *scarlatina without eruption and irregular or abortive scarlatina.* These different terms are useful in giving a complete portrait of the disease in all its features; but it must not be supposed that there is any abrupt line of demarcation between the different types, for it is impossible to decide in many instances whether a case should be called a mild attack of scarlatina anginosa or a severe attack of scarlatina simplex, or whether some cases should be called scarlatina anginosa or scarlatina maligna. As, however, these are clinical lectures, I shall not occupy your time by an abstract description of the different types, but I shall now proceed to read you the notes of a few illustrative cases selected from those which have come under my notice during the past twelve months.

The following may be taken as a case of scarlatina simplex without complications. A delicate girl, M. P., aged 7 years, was in her usual health, when, on September 21, she suddenly complained of a sore-throat. In other respects she did not seem ill. The next day (22d) she ate a good breakfast and dinner, and about two o'clock complained of some irritation on the chest; when stripped, it was found that the skin of that part was covered with bright red points. The same evening she took very little to eat, was very hot and thirsty, and during the night was very restless, but not delirious. On the 23d, that is, the third from the complaint of sore-throat, she was brought to the hospital. She did not look very ill, or complain of any pain. The skin of the trunk was above the normal temperature. A slight punctiform scarlet rash was visible on the trunk and legs; none seen on arms or face. Tongue furred with yellowish white fur posteriorly, rather red in front. The fauces were red, not swollen. The glands at both angles of lower jaw slightly enlarged. Pulse 130, rather irregular. Heart and lung sounds healthy. Appetite good. On the 24th, the child feels quite well. Very slight punctiform rash still on trunk. Tongue cleaner. No enlargement of glands of neck. On the 25th the rash had disappeared. Skin of normal temperature. Appetite good; pulse between 80 and 90. From this time convalescence proceeded without interruption. On October 2, being the thirteenth day, she was allowed to get up and dress; and on the 4th was discharged. No desquamation occurred whilst in hospital, nor was there any albumen in the urine, though it was examined daily. There is nothing remarkable in this case, but it is a good illustration of a very mild attack of the disease. In a case of this kind, nothing is required beyond keeping the patient in bed, regulating the diet, and giving a few warm baths during convalescence. It is very important, in the very mildest case, that the patient should not leave his bed, unless well wrapped in flannel, for ten or twelve days, although, as in this instance, he may seem quite well from the fourth or fifth day. Such cases as these, when neglected, often lead to albuminuria and dropsy, with the other accompaniments, which I shall speak of in the next lecture. Another case similar to this (C. H., No. IX.), but with the throat a little more involved. The following may be taken as an illustration of scarlatina anginosa, with some tendency towards the malignant type. (M. C., No. I.) The commencement of the case was not accompanied with any alarming symptoms, merely chills, followed by moderate fever and slight headache. The second day there was sore-throat; and on the third day the rash was first seen. During the second night there was delirium. On the fourth day, oppression and drowsiness, with bilious vomiting. Rash now well out, with a few ecchymoses on chest. Throat red and swollen; glands of neck not swollen until the sixth day. Pulse 148. On the fifth day the child was worse; vomiting continued; rash still out, accompanied with miliary vesicles. Lips and tongue dry. From this time the symptoms gradually increased in severity; delirium at night, with stupor and restlessness alternating during the day; throat became worse; urine passed under her; alæ of nose much excoriated; glands of neck much swollen. Death occurred on the eighth day.

Another case, somewhat between severe scarlatina simplex and favourable scarlatina anginosa, may now be quoted. (E. K., No. XI.)

The case presented nothing very remarkable up till the eleventh day, when the physical signs of endocarditis, and a day or two later of pericarditis, presented themselves, almost unattended with symptoms, except an irregularity of pulse.

She gradually got well, having severe earache with deafness on one side for four or five days, from the twenty-sixth to the thirtieth day; which subsided under simple treatment. The heart's sounds returned to their normal character, and she was discharged on the forty-eighth day well, except that the heart's action was somewhat heaving; the impulse was greater than normal, and the apex-beat was felt one and a-half inch below and rather to the outer side of the nipple.

Whilst referring to the heart's sounds, I may mention that it is not uncommon, during the convalescence from scarlatina, to find an irregularity in the rhythm of the heart's action, sometimes causing a complete intermission of the pulse. This generally disappears in a few days.

In three cases I have noted a soft systolic murmur at the apex of the heart, and in two at the base, for several days, twice accompanied by a decided and rapid rise of temperature and febrile exacerbation. The case of S. P., No. XII., is a good example of this kind. This girl has passed through a mild phase of the disease up till the eighth day, when the temperature rises from 99° on the previous night to 104° on the next night. At the same time she does not seem so well, and there is a distinct systolic murmur audible at the heart's apex, which was certainly not present two days before. The pulse had risen from 100 to 136. Some leeches were applied to the heart, and ten grains of bicarbonate of potash administered every three hours. The next day there was swelling (not palpably glandular) at the left side of the neck, and pain on movement. The murmur at the apex was inaudible, but a distinct murmur was heard at the third left cartilage. Pulse still 144. The child improved from day to day after this, and the temperature sank until it had reached its normal height on the fifteenth day from the commencement of the attack. The basic murmur disappeared on the seventeenth day, when the pulse was 84, good and regular. Four days later, though the patient seemed, on the whole, better, the pulse was 88, weak and irregular. From this time, however, she rapidly recovered, and was discharged well on the twenty-ninth day. In this case there would seem to have been a certain amount of endocarditis; and in the preceding case both endocarditis and pericarditis. I have also seen notes of three other cases of systolic murmur at the apex occurring, two on the seventh and one on the eighth day; one disappeared and two remained permanent. In one of these cases there was decided rheumatism in the joints; in the other there was not. Is it not likely that disease of the heart, which cannot be traced to congenital defect or to rheumatism, may not uncommonly owe its origin to a previous attack of scarlatina? Unless the heart had been carefully auscultated in these cases, the endocarditis would not have been discovered, and in one case, indeed, there was nothing in the symptoms except irregularity of the pulse to direct attention to the heart. Dr. West and others have pointed out that measles and typhoid fever may also be followed by endocarditis. The mere irregularity of the pulse cannot be regarded as an indication of any cardiac inflammation; it may be the result of disordered innervation, or of an altered condition of the blood. It is not an uncommon symptom in children during convalescence from other acute diseases.

I will now read you the notes of a case of scarlatina without eruption. (Ellen M.)

This seems to have been a case with all the other essential features of the disease, and although closely watched for eruption from the first, yet without any rash presenting itself. It is not at all uncommon to have a child brought here suffering from albuminuria (or even hæmaturia) and acute dropsy, which have come on about a fortnight after a slight feverish attack, with sore-throat, and swollen glands in the neck. On inquiry, the mother states that there has been scarlatina in the house, or in other members of the family, but that this child has had no redness of the skin, though for two or three days it seemed to be suffering very much in the same way as those who had undoubted scarlatina. In these cases we have not had the advantage of a careful medical scrutiny, and in some instances the parent's report is not to be trusted; but in others the mother is evidently a very intelligent observant woman, who is in the habit of noticing carefully the condition of her child's skin, and may be thoroughly relied on. There may or may not be desquamation.

Between these cases without any eruption and those with the most highly developed rash, there is to be seen every possible grade; the rash may be confined to a few patches near the elbows and knees, or on the trunk and arms; it may be very evanescent, disappearing at the end of a few hours.—*Med. Times and Gaz.*, June 7, 1862.

(To be continued.)

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Clinical Lecture on a case of Embolon of the Femoral Artery, producing Gangrene of the Foot; fatal result.—Jas. M., aged 56, was admitted into St. George's Hospital in Nov. 1861, under the care of Dr. Pitman. The patient was just convalescent from a severe attack of dropsy connected with heart-disease; and he was going about the ward up to the 17th of December, when he was suddenly seized with violent pain in the left groin, "exactly as if he had been shot." From that moment the limb became numb, cold, and quite powerless: "it felt as if it was dead," and he was obliged at once to take to his bed again. All that afternoon and night he suffered intensely; and when seen by Mr. Hewett, at Dr. Pitman's request, he was still complaining of great pain in the whole of the limb, but especially in the groin. The limb was colder than the rest of the body; and there were blotches of discoloration spreading over the toes and back of the foot, with slight œdema, and considerable redness extending half way up the leg. A careful examination of the groin, at the exact point where the pain had been so suddenly experienced the day before, showed that the femoral artery was plugged. Reduced as the patient was from long-continued suffering, the size and exact limits of the plug could be distinctly made out. It began at about two inches below Poupart's ligament, and extended for three-fourths of an inch down the course of the vessel. At this spot it was quite hard, round, and rolled under the finger; pulsation was felt above, but not below, the plug; no pulsation was present in any of the arteries of the leg or foot. The general aspect of the patient was unhealthy; the skin of yellow tinge; countenance sunken, anxious, and worn; pulse intermittent, and very feeble. The heart's action was irregular and feeble; but there was no valvular disease. The diagnosis arrived at was blocking up of the femoral artery by a plug of fibrin washed from the heart. The limb was wrapped in cotton-wool, compound soap-liniment was rubbed in the groin to ease the pain, morphine was given, and stimulants freely. The gangrene advanced slowly about the foot; the toes became shrivelled, black, dry, and mummified; and the œdema and redness increased. The man became weaker and weaker, and died on the 23d of January, 1862. A few days before death the gangrene ceased, after involving two-thirds of the foot. On a consultation, considering the man's low typhoid condition, it was decided not to attempt any operation.

Autopsy.—The plug in the artery measured three-quarters of an inch, and was situated in the upper part of the superficial femoral, just at the giving off of the deep femoral, and exactly corresponding to the seat of obstruction, the parts around were thickened, and the vessel was firmly adherent to its sheath and to the vein. The plug was throughout adherent, and was hard, rusty on its surface, fawn-coloured, deep-seated, and like the fibrinous layers of an old aneurism. The heart was large and flabby; there was no endocarditis nor disease of the valves, but entangled among the fleshy columns of the left ventricle, and filling up and projecting beyond the interspaces, were several large fibrinous masses, for the most part of a fawn colour, very firm, and evidently of long standing; and a similar mass, of large size, was also found blocking up the left auricular appendix, and projecting into the cavity of the auricle itself, where it was pendulous. Besides these there were also (especially in the right ventricle) some loose coagula of recent formation. The large vessels were healthy. The lungs were inflamed at their lower part. At the upper and lower parts of the spleen were two very large fibrinous concretions, of a deep-yellow colour, and firm in texture; and the arteries leading to them were found blocked up with fibrin. All the other viscera were healthy.

In commenting upon this case, Mr. Hewett remarked that it offered for consideration some important points in surgery. First, as to the diagnosis. What led to the conclusion that the case was one of embolism? "The gangrene of the foot and the condition of the leg showed that there was obstruction of the arterial system in some part of the limb. Then came the question as to the precise locality of the obstruction. The man, you will remember, had 'felt as if he had been shot in the groin.' Well, that led at once to the examination of the femoral artery at this spot; and there the vessel was found blocked up. But what caused the obstruction? Was it an embolus! The sudden shooting pain in the groin, the immediate loss of sensation in the limb, the complete obstruction of the vessel, the limited extent of the plug, and its precise locality—about the giving-off of the deep femoral—all tended to prove that the plug had not originated in the artery itself, but had come from a distance. Whence came the plug? From the left cavities of the heart, in all probability. To this, however, it may be objected that there was nothing to prove the existence of anything like vegetations on the surface of the valves. True; but there may be some fibrinous coagula entangled in the meshes of the fleshy fibres of the heart, and one of these coagula may have been washed from its place, and swept along the arterial current until it was suddenly stopped by getting into a vessel through which it was too large to pass. And, moreover, even supposing that vegetations had existed on the valves, a vessel of the size of the femoral could hardly have been blocked up by one of these vegetations set loose. The portions of such vegetations when washed off from the endocardium are generally of too small a size to plug the main artery of a limb; but they pass into the lesser branches, and, for the most part, lead to mischief about the brain, the spleen, the kidneys, or the liver."

That this reasoning was correct, post-mortem inspection proved. A reference was made to cases recorded by M. Nélaton, and Mr. Sibley: in them, as in the foregoing case, the embolism was the result of a fibrinous clot, and not arising from vegetations.

Mr. Hewett then entered into the question whether the case was one of arteritis, and not embolism; and he showed that it could not be the former, chiefly for the reasons that the man lived thirty-seven days after the commencement of the attack (hence the adhesion of the plug to the artery), and that the inflammation did not precede but followed the plugging of the artery; and the condition of the spleen after death further proved the case to be one of embolism.

The question of amputation in gangrene connected with embolism he thought an important one. In the present instance it was set aside by the patient's general condition, which was so thoroughly hopeless that all thought of operating was abandoned, even from the beginning. Had the general health been otherwise, amputation might have been performed with good prospects of success. In a case of embolism with obstruction high up in the limb he thought amputation quite useless until after the setting up of the line of demarcation, without which it is impossible to say what parts may or may not become involved in the gangrene. But in a case of rapidly advancing gangrene, in which the patient has but too evidently only a few hours to live, unless something is done, and that without delay, it would be right to amputate at once, provided the plug in the artery be at a sufficient distance from the trunk to admit of removing the limb above the seat of obstruction.

In conclusion, Mr. Hewett referred to the treatment of aneurism by breaking up the coagula, which had been proposed by Mr. Fergusson. This treatment he considered, in fact, embolism artificially produced; and if resorted to in aneurisms connected with the current of blood proceeding to the head, it may, there is no doubt, lead to disastrous results—results the very same as those dsecribed in Dr. Kirkes' paper. Hemiplegia, doubtless due to embolism, followed the breaking up of the coagula in an aneurism of the subclavian artery in one of Mr. Fergusson's cases. Last year another was mentioned by Mr. Teale, of Leeds; and a third case, for the reference to which he (Mr. Hewett) was indebted to his friend Mr. Ernest Hart, occurred in the practice of Professor Esmarsh, of Vienna. In this last case, post-mortem inspection proved the truth of the supposed cause of the head symptoms.—*Lancet*, June 7, 1862.

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Clinical Lecture on a case of Injury of the Head. By John Adams, Surgeon to the London Hospital.—This patient, a man of intemperate habits, whilst cleaning paint outside a house, on a ladder twelve feet from the ground, suddenly fell and struck his right temple against the doorstep. There was considerable doubt as to the cause of his falling. One person who saw it, said that the ladder slipping was the cause; and another person, who also saw it, said he fell suddenly as if in a fit, and drew the ladder with him. His hands were clenched, and he is stated to have foamed at the mouth. He was taken up in a state of insensibility, and brought immediately to the London Hospital.

On admission he was unconscious, but could be roused with great difficulty, and was then very irritable, and would soon relapse into his former condition. His body and extremities were cold; pulse slow and feeble; breathing stertorous, and pupils equal and contracted. There was a lacerated wound of the right temple, about an inch in length; the bone beneath was carefully examined, but no fracture nor depression could be found, neither was there discovered any wound, swelling, or other injury at any other part of the head. He was placed in a warm bed, his head was shaved, a bladder containing ice applied (the wound having been dressed), and bottles of hot water to the feet, and five grains of calomel were administered. Milk diet and beef-tea were ordered, but the patient could hardly be made to swallow.

On the following day, when seen by Mr. Adams, he was in the same condition; the contents of the bladder and rectum had been discharged involuntarily. Towards evening the patient became worse; the pupils were now dilated; pulse 140, full and hard; the mouth was drawn to the left side, and the limbs of this side were violently convulsed, those of the opposite side being paralyzed both as regards motion and sensation. Mr. Adams was sent for, and on his arrival made an exploratory incision, extending the wound in both directions, but detected no fracture nor depressed bone, and accordingly made no change in the treatment.

On the following day (Sunday) the symptoms were greatly increased in severity, and Mr. Adams not being at home, Mr. Gowlland was sent for, with a view to an operation being performed. After careful examination, Mr. Gowlland coincided with Mr. Adams, and declined to operate. The patient gradually sank, and died four hours afterwards, not having rallied at all since the accident.

It may, perhaps, be worthy of remark that this man's mother is stated to have had several fits in her lifetime, in one of which she died.

Post-mortem examination forty hours after death. External appearances.—Body moderately muscular, cadaveric, rigidity not persistent. Superficial veins of abdomen and other parts of the body extremely congested. *Head.*—A scalp wound two and a-half inches in length, partly lacerated and partly incised, occupied the right temporal fossa. The skull, when denuded of pericranium, was carefully examined, but not the slightest trace of fracture could be discovered. On opening the skull, a tumour the size of a small orange lay beneath the dura mater, and on making an incision into it, a quantity of dark coagulated blood escaped. This clot was underneath the left parietal bone, at about its centre, and rather posterior. *Brain.*—Weighed fifty ounces, of pretty firm consistence, and otherwise healthy, except that on the exterior part of the left cerebral hemisphere, rather towards the side, was a lacerated wound about half an inch in length, and corresponding with the clot exterior to it. From this wound there issued forth a small quantity of dark, venous, coagulated blood. At this part of the brain the consistence was more than ordinarily soft. Other organs not examined.

Gentlemen: The case just read to you is one of unusual interest, and I shall take the opportunity of directing your attention to some points of this case which are set forth as bearing most forcibly on the treatment necessary for the relief of symptoms of pressure upon the brain. When I first saw this patient he appeared to be labouring under a series of mixed symptoms—I mean symptoms which might with equal fairness have been attributed to concussion or compression, or possibly to both at once. Thus his state of unconsciousness, his cold skin, his capability to be roused, are usually considered as the result of a violent shake of the brain, whilst stertorous breathing and a slow pulse are regarded as signs of pressure; the fact, however, is, that it is scarcely possible from the combination of symptoms in this case to say which class of symptoms preponderated; indeed, I shall show you that there were three causes in operation at once which influenced the man's condition, I mean concussion, compression, and laceration of the brain. Under these circumstances I was induced to temporize, and really regarding the case as one of severe concussion, I left him under the treatment which had been prescribed by the house-surgeon, and which is that usually followed in cases of violent concussion.

I saw him on the following day and found him worse, inasmuch as, beside his other symptoms, he had passed his urine and his motions involuntarily; there was yet, however, no distinct hemiplegia, and I did not alter the treatment, although I was under the impression that there was some pressure on the brain. It will be seen that on the same evening his symptoms becoming more alarming; and his mouth being drawn to the left side, and as the limbs of this side were violently convulsed, and as this condition was accompanied by paralysis of the muscles of the right side, I was requested to examine him further, the house-surgeon being under the impression that he could feel some depressed bone at the seat of the original injury—I mean, on the right side of the head; I confess I did not entertain the idea that he was labouring under the effects of any pressure on the right side of the head, for if this were the case, the left side of the body ought to have been paralyzed, which was not the case. There was no depressed bone on the right side, nor could I find the slightest indication of any injury whatever on the left side. I therefore left the patient under the idea that there was effusion of blood on some part of the brain on the left side, which was beyond my reach, or, at any rate, to which there was nothing to direct me. I had, also, a notion that the brain was lacerated, and I attributed the convulsions to this presumed laceration; for this is a very common attendant on such an injury. It may fairly be said, therefore, that I did little or nothing in the case.

I shall not detain you with any extended remarks on the symptoms of concussion, compression, and laceration of brain in this case, but proceed to consider the question which I may reduce to its greatest simplicity in these words: "Ought I to have cut down to the bone on the left side of the skull, and taken out a piece of bone with the trephine?"—that is, Should I have trephined on speculation?

This mode of procedure has been suggested by Sir Benjamin Brodie, and put in operation successfully by Mr. Cock; and having Mr. Cock's case detailed in the Guy's Hospital Reports, I think, had I seen the case again, I should have done this; but it is quite clear that I should have failed to find the effused blood, for this plain reason, if you trephine on speculation you should trephine, as Mr. Cock did, in that situation which is most commonly the seat of effusion, namely, the region of the spinous artery of the dura mater. Now, in this case the blood did not come from the spinous artery, it was not effused upon but under the dura mater, and at some distance from the artery. It is also quite clear that little or no benefit could have resulted, as the brain was much lacerated, and the bleeding came evidently from the lacerated brain.

Nevertheless, I almost regret I did not operate, for the result would have justified the means, although the result could not have been fortunate.

There is, however, another point in connection with the seat of effusion in this case of lacerated brain; it is this, the laceration obviously arose from *contre coup*, for it was nearly diametrically opposite the seat of the blow on the right side; this you know is a very common thing indeed, but the laceration under *contre coup* is generally at the base of the brain, and far beyond our reach, therefore we cannot by any brain or special symptoms say where the laceration may be; and the trephining on speculation is to be done under the impression that the hemorrhage is from the spinous artery and not from a laceration of the brain itself; and the symptoms in this case did not impress me with the conviction that such was the case. Therefore, I think I did right, yet I do regret I did not do more in this case.—*Med. Times and Gaz.*, April 19th, 1862.

Clinical Remarks on a case of Oxalate of Lime Calculus of small size, crushed successfully at one sitting.—J. L——, aged 23, had suffered from frequent and painful micturition for about four or five months, and was sent to Mr. Thompson for supposed stricture of the urethra. On inquiry, it appeared that the pain was most severe at the end of passing urine, and that there was a little blood occasionally seen in it, particularly after exercise. The urine showed a little pus and blood-globules under the microscope, and crystals of oxalate of lime deposit. Mr. Henry Thompson sounded him, and, discovering a small calculus, admitted him for the purpose of crushing it.

March 19th.—He was brought into the operating theatre; no chloroform was administered, nor was any preliminary injection thrown into the bladder, the patient having been admonished to retain his urine previously for a period of one hour and a half. The lithotrite—an improved screw, with non-fenestrated blades—having been introduced, it was at once obvious, from the distended state of the bladder, that the injunction about micturition had not been complied with. Hence the small calculus was not to be found and seized; and, in reply to a question, the patient stated that he had misunderstood the directions, and had not passed urine for four hours. The lithotrite was at once withdrawn, and the patient sat up and voided his urine, diminishing the quantity in his bladder about one half; no tinge of blood appeared. The lithotrite was again introduced, and the stone was now instantly seized and crushed by three or four applications of the instrument. The patient uttered no complaint, and wished to walk up to his ward, which was not permitted. Mr. Thompson expressed his opinion that the stone had been completely crushed, and that no further interference would be required.

The next day the patient was a little feverish, and passed small detritus abundantly. This he continued to do during the next two or three days. He took his usual diet. All the symptoms of stone passed off within a week, and he walked about the ward as usual. A few days afterwards he was carefully sounded, but no fragment was discovered, and he was accordingly discharged on the 10th of April, having been detained only for the purpose of watching for any reappearance of symptoms. He has since come to the hospital, amongst the out-patients to report himself perfectly well. The stone was oxalate of lime; the detritus was reduced almost to the form of powder, and was passed solely by the act of micturition, none having been removed either by the scoop, or by washing out the bladder.

Mr. Thompson made the following clinical remarks on the above case: "Here is an example of the importance of diagnosing early a case of calculus in the bladder. It is a point on which it is impossible to lay too much stress. The omission to detect a stone in the early stage of its formation, permits what is really a slight and easily-managed affection to become a most grave and hazardous one. It involves the difference between passing a lithotrite into the bladder with but very little uneasiness or disturbance to the patient, and crushing at a single sitting, or perhaps two, the small concretion which has recently been formed, and the operation of lithotomy—an operation which, taking all ages together, involves a hazard to life at the rate of one death in from seven to ten cases. For these small stones there is no question about the absolute safety of lithotrity, when performed with the proper precautions. And since every stone is at one period of its history a small one, and as in that stage it almost always occasions symptoms severe enough to direct the patient to medical aid, and characteristic enough to arouse grave suspicions of its presence, it ought almost always to be discovered and treated early. The patient with such a stone has undue frequency of micturition; it may be said, always. Pain is felt not usually before, but almost invariably at the close of the act of passing urine, when the small stone is left in contact with the mucous membrane of the neck of the bladder, after the escape of the urine. Blood is generally seen in the urine at some time or another—always microscopically, if not to the naked eye; its appearance, as well as the intensity of all the symptoms, being increased by exercise, especially by any which communicates a jolt or concussion to the body. Pain at the end of the penis is frequently, but not invariably, present. If these symptoms appear and become persistent, and particularly if obvious cause for them is not present, the patient should be sounded with a small or short-beaked sound, so that the beak can be turned downwards, and the whole of the floor of the bladder carefully explored. The bladder must not be distended with urine, as in no condition is it more unfavourably situated for the detection of a small stone or fragment—a point illustrated by the operation in the case related. Three or four ounces are usually sufficient to furnish a cavity, which can be rapidly and surely explored by means of a sound of the form described. In a large quantity of fluid the small stone may easily escape detection, being moved away, wide of the sound, by currents in the fluid itself, or it may even lie beyond reach of the instrument, at the sides or at the bottom of the distended viscus."—*Lancet*, June 21, 1862.

HOSPITAL NOTES AND GLEANINGS.

Acute Rheumatic Peritonitis, supervening upon Subacute Rheumatism; Sudden Death.—The following case is one of some interest and rarity; for it suddenly terminated fatally from what may fairly be considered acute rheumatic peritonitis, with no positive symptoms to denote its presence during life, except pain in the belly on the last day, although the sickness and vomiting were clearly the result of the attack. It is acknowledged by writers on rheumatism that violent affections of the stomach and bowels occasionally supervene in that disease, but oftener in the chronic or subacute forms, as in the present instance, than in the acute.

Elizabeth D——, aged twenty-four, admitted into St. George's Hospital, Nov. 20th, 1861. For two weeks she had been suffering rheumatic pains about the loins and neck, and for one week on this account had kept her bed. On admission she had what appeared to be a trifling attack of acute rheumatism, chiefly affecting the right elbow and shoulder. There was no great heat of skin or constitutional disturbance, but she looked very cachectic. There was a node on the right arm, and an irregular copper-coloured eruption upon the legs, which, she said, had made its appearance during her present illness. Her tongue was furred; the bowels were confined; the heart, on examination, was found natural. She was ordered a warm bath, four grains of calomel and a senna draught; and a draught of citrate of potass with bicarbonate of potass, ten grains every six hours, During the two following days both the pain and the swelling increased considerably, constitutional disturbance being set up; and on the 23d a systolic murmur was heard at the apex of the heart. She was ordered to continue the medicine, and to take three grains of calomel and one of opium at bedtime, her nights being very restless. On the 24th morphine was administered; and the feet having become dry, swollen, and painful, cataplasms with soda were applied. When seen on the morning of the 26th the hands were painful and swollen, but the swelling in the other parts had disappeared, so that she could walk. About nine A. M. she was a little sick, and continued at intervals during the day to bring up a quantity of green bitter fluid. She was ordered to apply cataplasms of soda, to continue the draught, and to have one grain of opium at night. About ten P. M., the sickness continuing, she was given three grains of calomel and one of opium; but she continued during the early part of the night to be restless, and was again sick. About two A. M., on the 27th, she was seen by the apothecary, and was then getting worse; there were great debility, pain about the abdomen, and a small and quick pulse. She was given ether and stimulants, and became after this much easier, took a cup of tea, and getting up, fell back dead at 5 A. M.

Autopsy thirty-two hours after death.—The body was in good condition. The heart was natural, except a very trifling thickening of the mitral valve, which could scarcely have affected its action. The lungs, bronchi, and pleuræ were healthy. When the abdomen was laid open, all the intestines visible in the inferior part of the cavity were injected, so as to present a vivid scarlet colour. The ileum was chiefly affected; but the adjacent coils of the jejunum and large intestine were also greatly congested. There was no effusion of lymph; but the abdominal cavity contained a small quantity of turbid yellow fluid. The stomach and bowels were opened throughout, but nothing unusual was discovered, with the exception of a few patches of faint redness in the ileum, and also through the whole of the large bowel. The bladder and kidneys were healthy, as also were the liver, spleen, and supra-renal capsules. The uterus was healthy, and its cavity inclosed a small quantity of blood, probably the result of menstruation.—*Lancet*, July 5, 1862.

Good Effects of the Chlorinated Soda as an Internal Remedy in Scarlatina.—The properties of the solution of chlorinate of soda as a disinfecting agent are well known, and as a lotion or a gargle it is a remedy in frequent use in putrid ulcerations in whatever part they may be situated. Occasionally, but not commonly, it is employed internally, and when administered in suitable doses—say from twenty to thirty minims—it is a very reliable medicine. As it is known to be poisonous in over-doses, this may be a reason why it is not oftener prescribed. In such a disease as scarlet fever, accompanied with fetid ulceration of the throat, its virtues are well seen.

Lately a case of this kind was treated with the best results—an instance, too, in which the symptoms were so aggravated at the time of admission that the prognosis was necessarily very serious. It occurred in a married woman aged thirty-seven, who was admitted into St. Bartholomew's Hospital on the 29th of May, with symptoms of scarlet fever. The fauces generally were much inflamed, and the breath was very fetid. She had also the peculiar mottled rash of typhus fever, especially about the back, and it seemed doubtful at first whether the case was one of this latter fever; but large patches of redness of scarlatina appeared upon the arms. However, the rash did not wholly disappear until seven or eight days after admission. Her treatment consisted in the internal use of a solution of chlorinated soda—twenty minims, in camphor mixture, every two hours, with, at the same time, a gargle of the former substance. This was persisted in for three or four days with the best effects. She however required to be supported with four ounces of brandy daily from the commencement. When we last saw her, on the 16th of June, she was convalescent, although weak, and was then taking dilute sulphuric acid as a tonic.

The son of this patient, a lad of fourteen years, was admitted on the 1st of May, also under Dr. Farre's care, with fever of five days' duration following rigors. There was no angina. On the 3d of May a few rose-coloured spots appeared about the abdomen, which led to a suspicion of its being typhus. They subsequently disappeared, and the boy became convalescent. In neither of these cases was the urine albuminous.

At the present time there is a third patient in the hospital with well marked scarlatina and angina, in a lad of seventeen years, whose body, on admission, was almost generally covered with a well-defined sudaminal eruption, the vesicles being remarkably distinct and prominent.—*Lancet*, July 5, 1862.

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Onychia Maligna of the Great Toe—Cure by Local Use of Arsenic.—Elizabeth P., aged 40, was admitted into the London Hospital, under the care of Mr. Curling, Jan. 14, 1862. She was a fat, healthy woman. The patient stated that whilst cutting her great toe-nail in July last, she wounded "the quick," which was followed by immediate hemorrhage and subsequent ulceration, with great constitutional disturbance. When admitted she had a rapid feeble pulse, a countenance expressive of pain and anxiety, and complained of restlessness and loss of appetite. On examining the great toe of the right foot, it presented the appearance of a large, bulbous, ulcerating tumour. The whole toe was enveloped in dusky, livid inflammation, which extended down its metacarpal bone and inner border of the foot. Its dorsal aspect was deeply excavated by unhealthy ulceration, extending towards the base of the first phalanx. A fetid sanious discharge was copiously secreted, and the decayed remnant of the nail lay buried in the granulations. So enlarged and bulbiform had the extremity of the diseased toe become, that the end of the second toe lay in a kind of cushion, formed beneath it by the thickened epidermis deposited at the sides. The patient expressed herself as having suffered a "martyrdom" of pain, for which, on her own responsibility, she had taken large doses of laudanum, and had come to the hospital, fearing she had no alternative but to submit to amputation of the toe. Poultices were applied to cleanse the slough, and at his next visit Mr. Curling removed the remains of the dead nail, ordered another poultice, and directed me, as dresser to the case, to apply in the morning a lotion composed of equal parts of liquor arsenicalis and water. This was done, and caused severe smarting, burning pain, which lasted about two hours. In the evening to be poulticed, and a grain of morphia given at bedtime.

On the second day after the application of the arsenic, the character of the ulcer was greatly altered. The thin, fetid secretion had ceased, and the pale, flabby, superabundant granulations were becoming here and there florid, whilst the patient experienced greater ease than she had known for some time. The ulcer was dressed with the arsenical lotion but four times, on alternate days, wet lint being applied during the intervals. Each application caused pain, but not so severe or lasting as on the first occasion of its use. Strips of lint, soaked in nitrate of silver lotion, were then applied, and support given to the edges of the now healing ulcer, and at the end of a month she was discharged perfectly cured.

I have brought forward this case to illustrate the apparent ease with which a most severe form of onychia was arrested and speedily cured. The change effected in the ulcer was most rapid and marked; as was also the condition of the patient. As the pain to which she had so long been subjected became mitigated, and the use of opium, to which she was habituated, was gradually withdrawn, she lost her peculiar anxiety of countenance; her appetite returned, and sleep became natural and unsolicited. On leaving the hospital she expressed herself grateful, not only for the cure of the diseased toe, but of the habit she had acquired of taking opium. She assured me that she had at one period consumed as much as from one to two ounces of laudanum daily.—*Med. Times and Gaz.*, July 5, 1862.

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Rifle-shot Wound of the Wrist and Abdomen—Recovery.—Sarah Ann B., aged 11 years, was admitted into the Queen's Hospital, Birmingham, under the care of Mr. West, on the evening of March 28, 1862, for a rifle-shot wound of the abdomen and left arm.

It appeared that she was walking along Bissel Street carrying an infant on her left arm, while some men were on the high ground above, at 650 yards distance, sighting a breech-loading rifle with Enfield grooves. She had nearly reached her own doorstep, when a bullet struck her on the outside of the left wrist, passing through the infant, and then through her own body, and was eventually found within her clothes on the opposite side of the body to that on which it had entered. The women who brought the child to the hospital, found the bullet, which was conical, and weighed an ounce and a half, just within her stays immediately against the wound on the right side of the thorax.

On admission, the girl was pale, cold, and suffering great pain, but was perfectly sensible.

On removing her clothes the *trajet* of the bullet was found to be as follows:—

It had entered the back of the left arm close to the radial side of the wrist-joint, and passing obliquely through it, had emerged from the joint on its palmar surface, about half an inch from the styloid process of the ulna; it had then passed through the body of the infant, causing its almost instantaneous death, and had re-entered the little nurse, making an oval, jagged wound of the size of half a crown, with inverted edges in the abdominal wall; the situation of which was about half an inch below the eighth rib, an inch to the left of the sternum, impinging upon the cartilages of the eighth and ninth ribs in its inward course; it then passed across the body, and had made for itself an aperture of exit about the size of a shilling, with smooth everted edges, three and a half inches from the right nipple, and directly below, and four inches from the apex of the axilla, fracturing the seventh rib at that point. No track of the bullet could be seen or felt beneath the skin. There was very little hemorrhage from any of the wounds.

Mr. West was sent for, and the patient was ordered to have pulv. opii, gr. j. statim, the dose to be repeated at discretion. Cold-water dressing was applied to the wounds.

March 29. The poor child has vomited very frequently during the night a fluid of a greenish colour, but no blood. The abdomen is very tender to the touch; pulse 120, feeble; countenance very anxious, and expressive of abdominal mischief; the knees are drawn up; the patient continues perfectly sensible, and her entreaties for death are most distressing. The tongue is dry and furred. She passes urine freely.

The opium was ordered to be continued, and hot bags of hops to be kept constantly applied to the abdomen.

The symptoms continued much about the same up to April 1, when the report is as follows:—

Abdomen is less tender to the touch, and there is no tympanitis. The wounds on the wrist and the large wound in the abdominal wall look sloughy, but from the aperture of exit the slough is beginning to separate. There is a profuse discharge from the large aperture in the abdomen, of an offensive character. Pulse 120, rather stronger. Tongue still furred, but moister. The bowels have acted, and there is no blood in the feces. The vomiting has quite ceased, but she has a slight cough, and at times her breathing is rather laboured; there is, however, no thoracic dulness or friction-sound, and all the respiratory sounds, with the exception that a few mucous râles are to be heard, are perfectly healthy.

Up to this time the patient has been sucking ice and drinking iced milk, which seems very grateful to her.

She was ordered to have in addition an anodyne draught consisting of chloric ether, conium, and syrup of poppies, every three hours.

The pills to be taken occasionally, and a flannel bandage to be applied round the thorax. The arm to be kept upon a straight splint.

April 6. The child is very much better, the slough has quite separated from the large wound in the abdominal wall, and from those on the wrist, and healthy granulations are filling those apertures. The smaller wound on the chest has quite healed. Breathes with ease, and cough has almost left her. No abdominal pain. Pulse 100, much stronger.

11*th*. The wound on the inner side of the wrist is quite healed, and all the others are going on well. Ordered to have a chop.

13*th*. The wound on the outer side of the wrist is closed, and no bone or osseous debris has come away either from the wrist or the wound on the outer side of the chest.

20*th*. The patient is now walking about the ward with three out of the four wounds perfectly closed and sound; she is gaining flesh rapidly, and her appetite is excellent.

May 14*th*. The girl is now perfectly restored to health—all her wounds are healed; she is quite free from pain, can use her wrist freely, and she runs about the ward and garden without feeling any difficulty of breathing.

Remarks.—The principal point of interest in this case is the recovery of the child from injuries of so great magnitude. The absence of track beneath the skin, the fracture of the rib, and the well-known fact that the conical bullets of the present day rarely cause injuries to the superficial structures alone, show that in all probability the missile penetrated parts playing a most important part in the vital economy. What parts those were can only be surmised, but the direction of the wound points to an injury of the liver. It is also worthy of remark that, notwithstanding the injury to the bones of the wrist, and to the seventh rib, no death and consequent separation of bone should have taken place. On the admission of the child her condition seemed hopeless; but this case well illustrates how much the "*vis medicatrix naturæ*" can accomplish.—*Med. Times and Gaz.*, July 5, 1862.

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Case of Suspected Fracture of Base of Skull—Laceration of Brain?—Recovery.—Dennis C., aged 22, a powerful-built Irish seaman, was admitted into the London Hospital, under the care of Mr. Curling, at about 8 A. M. on Saturday, January 26, 1861. He had fallen from the main topsail yard of a large vessel lying in the docks, a height of 65 feet, and was said, by those who witnessed the accident, to have overbalanced himself whilst hanging over the yard, and so descended head first, falling upon the ship's deck, and striking "the top of his head" with immense violence.

I saw him immediately upon admission, being dresser for that week. He was lying in profound coma, breathing stertorously; pupils insensible to light; the right pupil small and contracted, the left larger and more dilated; copious hemorrhage from left ear; slight hemorrhage from right ear; no scalp wound or external evidence of fracture of vault of skull. Pulse full, slow, and labouring; skin hot, and clothes moist with perspiration. On getting him to bed, I carefully sponged the ears, and satisfied myself that the hemorrhage did not occur from injury to the external ear, but on the left side saw it welling out from the internal meatus. Right arm heavy and listless. Ulnar fractured at its middle. Reflex action readily excited. On being pinched or pricked with a needle, drew up the irritated limb, but gave no expression of pain. No priapismus nor vomiting. Head shaved and ice applied. Milk diet ordered.

In the evening, condition much the same; breathing stertorous; pupils insensible; hemorrhage from ears still going on, but not so profusely; lying upon his back, with his knees drawn up, and occasionally moving the lower limbs with spasmodic twitching of the muscles, and moaning. Has taken no food, nor passed water. Catheter introduced, and bladder relieved.

To go into a detailed account of the daily progress would be tedious, and protract the length of the report without being sufficiently important. I pass on, therefore, to Sunday, February 3, being eight days after the accident.

During this interval he had remained perfectly insensible, neither speaking nor giving evidence of sensibility when shouted at or spoken to. Urine and feces ejected involuntarily, chiefly lying upon his back with his knees flexed and drawn towards the abdomen; moaning sometimes loudly, and tossing up the uninjured arm. Countenance pained; breathing occasionally stertorous. During this period six leeches have been applied to each temple. Croton oil given. Turpentine enemata, and blister to nape of the neck. Hemorrhage ceased on Saturday, February 2.

3*d*. Seen by Mr. Hutchinson, lying in the comatose condition just detailed; ordered venesection, ad ℥xvi statim, ol. crotonis tiglii ♏ij h. s. s.

6*th*. For the first time displayed symptoms of approaching consciousness, made use of several incoherent sentences, and appeared to recognize his aunt, who was in attendance upon him; allowed her to feed him with arrowroot, of which he partook a large quantity; up to this time there had been considerable difficulty in getting anything into his mouth. Bowels obstinately confined. Urine and feces passed involuntarily in the bed, patient appearing to possess no consciousness of the act.

10*th*. Copious serous discharge discovered this morning flowing from the left ear.

This continued gradually abating in quantity until the 14th, when it ceased. Taking a grain of calomel night and morning.

16*th*. Seton passed through the nape of the neck.

At the end of the fifth week of his admission he was allowed to be dressed, and got out of bed; his condition being then as follows: Countenance vacant and imbecile; sitting by the fire for some time with his chin drooping on his chest, as though his head was heavy, or his eyes intolerant of light; exceedingly petulant and irritable; swearing, and employing violent gestures if spoken to or interrupted; habits dirty; passing urine and feces in bed and in his trowsers, not apparently from any physical inability to prevent their evacuation, but from a childish ignorance, or disregard of cleanliness; if spoken to, his memory appeared a blank; had no idea of having met with an accident, although he had some latent associations connected with an hospital; appetite voracious; allowed two chops daily; milk and bread. Taking iodide of potassium gr. v bis die, and an occasional purge of pil. coloc. co. gr. x h. s. From this condition he gradually improved until the end of March, 1861, when he was discharged. His memory at that time was returning. He would relate scenes connected with his life as a seaman. Mention names of vessels, their commanders, and destinations; but could not pursue the same subject to a termination. He would ramble from one topic to another, and combine the most opposite circumstances. He was deaf upon the left side, a fact only latterly arrived at, and found not to have existed previously to the accident. He had been taught to use the closet, and there obey the necessities of nature. This he did with over-scrupulous punctuality; often going, as observed by the nurse, merely for the purpose of letting others know how cleanly he was becoming. He had now become exceedingly erratic, rising early in the morning and rambling about the wards, knocking generally at the door of the head-nurse of the ward and inquiring for her, appearing to entertain a most simple and child-like affection towards this person, who had been exceedingly kind to him during his illness. His countenance bore the stamp of great mental vacuity; the features generally moved as in the acts of smiling or of laughter. Indeed, his condition at this time may be best described as a robust young imbecile. In this state he left the hospital.

Note.—I have introduced the report of this case, as being one of the most severe injuries to the head, attended with the most dangerous symptoms, from which I have seen recovery during my attendance upon the surgical practice of the London Hospital. Falling from a great height, with considerable violence, and striking the vertex of his head, he was brought in with such symptoms as are usually associated with fracture of the base of the skull: hemorrhage from the ear, long-continued coma, and subsequent escape of a clear serous fluid (probably sub-arachnoid)?, ultimate loss of memory, deafness, and condition verging upon imbecility. Adopting a peculiar flexed condition of the trunk and limbs, attended with muscular irritability, twitching and moaning. There were also certain symptoms which appeared to indicate laceration of the brain substance. All this occurring to a young man in the prime of muscular vigour, and who previously to the accident was considered a smart, active, shrewd seaman.

In order that this report may be rendered complete, as regards its facts, I have, with considerable difficulty, discovered the present residence of the patient and seen him. I am therefore enabled to append a note as to his present condition, and that during the intermediate period. By the aunt who attended upon him constantly during the early weeks of his illness, and with whom he has lived ever since he left the hospital, I am informed that he was for some time a source of great trouble and anxiety to her, wandering about the streets from morning to night, and obliged to be attended by his brother or herself; frequently most violent in his language and behaviour; irritable and quarrelsome to an alarming degree—rendering him so great a contrast to his former self, compelling her to remove with him from one lodging because the numerous children living close around them annoyed him with their playing and shouting, so much so as to incite him to rush out upon them, never offering them any injury, but only seeking to rid himself of their annoyance. Light also appeared very objectionable, as he always dragged down the blinds wherever he went.

His memory for a long period continued void and confused. He was six or eight months before he could be persuaded that any accident had occurred to him, and that he had been in the hospital, although he twice strayed from his home on Sundays, and entering the hospital with other visitors, was found roaming about in a purposeless, unsettled manner. About five months since he had a fit in the street; in "strong convulsions" five hours; insensible about thirty hours; attended by parochial surgeon. Went to work for the first time in September, but often had to leave off on account of severe headache, and a fear of falling from ladders or platforms on which he might be employed. Fell into the dock waters one night; but on inquiry I should attribute this either to the darkness of the night, or some accidental circumstance, uninfluenced by his mental condition, as I find that several men fell from the same drawbridge during the same evening.

April 3. Found him this day, in the neighbourhood of Shadwell, in rude, robust health, fat and ruddy; greeted me warmly as having been connected with his stay in the hospital, but in what manner by no means certain; knew he was in hospital, and Mr. Curling was his "doctor;" had been told he had "a heavy fall" from a Yankee ship, but did not remember it. His aunt told him so, and he believed it. "Was first rate," when asked about his health; did have the headache wonderfully bad a while ago, but not lately. Goes to work occasionally; means to go again next week; finds he cannot work as long as the other men, but hopes he shall soon. His general appearance was not nearly so idiotic as when I last saw him, in September, 1861. Although there is a very distinguishable vacancy of countenance, and a continued interruption of his conversation by laughter and gesticulation, he is far more rational and coherent than I had anticipated to find him. From questions put to him for that purpose, I am led to believe that his virile powers have become impaired since the injury to his brain. His brother appears to confirm this view. There is a drooping of the upper eyelid of the left side, as though he had a partial ptosis, and the angle of the mouth appears drawn a little upwards on the right side.

He is now a good-tempered, humorous, harmless fellow, wandering about unmolested, occasionally entering upon a day's work, but seldom completing it. He has lost that peculiar irritability and violence of temper which marked the early months of his convalescence; and, in the progress of time, if he were properly taken care of, and unexposed to accident or excitement, I am induced to believe, from his present condition, that he might yet become, mentally, much improved.—*Med. Times and Gaz.*, July 5, 1862.

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Hysterical Affection of the Left Forearm.—Ann N., aged 17, came under the care of Mr. Bryant, in June, 1861, with spasmodic contraction of the flexor muscles of the left hand and forearm. The symptoms had appeared suddenly a week previously, and any attempt at extension caused intense pain. The girl's health was good, and the catamenia regular. No other symptoms were present, the sensation of the parts being perfect.

Regarding the case as hysterical, the symptoms being quite inexplicable otherwise, tonics in the form of iron were administered, and in three weeks the muscles had lost their spasmodic condition, the natural movements of the part being restored. The nerves of sensation, however, became involved; complete anæsthesia of the whole hand and forearm making its appearance. The same line of treatment was, however, continued, and in two months all symptoms disappeared, sensation and movement being perfect and natural.—*Med. Times and Gaz.*, June 14, 1862.

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Ganglion on the Tendon of the Flexor Carpi Radialis of a Child.—Sarah H., aged 4 years, applied for advice to Mr. Bryant, in February, 1862, with a small ganglion, the size of a large bean, in the flexor tendon of the wrist-joint; it had been observed for two months, and was gradually enlarging. No assigned cause could be made out. The application of a blister over the part, repeated for three times, caused absorption of the fluid, and the disappearance of the ganglion.

The case is given as a ganglion, and is, Mr. Bryant said, not common in children so young.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Gunshot Wound from a Conical Bullet in the Calf of the Leg, carrying in the Clothes.—Dr. J. Mason Warren lately communicated to the Boston Society for Medical Improvement, the following case: Lieut. C., of the 2d Mass., whose regiment had fought during the whole day, as rear guard in retreat, the day before the battle of Winchester, and probably saved the army, arrived in front of that place at 12 o'clock at night, having marched 35 miles without food, their drink being the muddy water of the roadside. Lieut. C. had charge of the picket guard for the night. At 4 o'clock in the morning the battle commenced, and lasted four hours, when finding themselves in danger of being surrounded, the order for retreat was given. The regiment formed in regular marching order, and marched down the hill into Winchester, regardless of the enemy in full pursuit, who were firing into them Lieut. C. was in command of the rear company, in fact the last person bringing up the rear. He received at this time a shot in the gastrocnemius muscle, the sensation of which was as of a violent blow with a club, which knocked him down. He attempted to rise, but after stumbling a few steps, fell headlong. By this time, fortunately, the sergeant of his company perceived his situation, and being a man of great size and strength, took him in his arms, carried him about two hundred yards into the streets of Winchester, and deposited him in the only ambulance wagon that happened to be there. A number of other wounded men were also put into the same wagon, some of them lying upon him. He contrived to put his head out of the front of the vehicle, so as to get air, and in this position, with a man lying on his wounded leg, remained until they arrived in Williamsport, on the following morning, some 16 or 24 hours. He was so completely pinned to the spot, that he was unable to sheathe his sword, which lay drawn by his side, just as he was placed with it in the ambulance.

On the passage through Winchester, a torpedo, apparently thrown at the ambulance, and which if it had penetrated, would have destroyed all the wounded within, struck the head of a man with his arm in a sling, and having hold of the shaft, within two feet of Lieut. C., blew it to atoms, scattering his brains over the wagon. A woman also fired a shot out of a window at them. After passing through the town, they still remained a mark for the enemy's bullets, but very shortly the further pursuit appears to have been stopped. Late at night the ambulance arrived near the borders of the Potomac, where a great rush of wagons was attempting to cross the river. The wounded would have remained in this position the whole night, the frightened wagoners absolutely refusing to move, had it not been for the untiring energy of Gen. Banks, who passed the whole night on the right bank, superintending the passage of the troops, and who ordered off the wagons and passed the wounded across. On the afternoon of the following day Lieut. C. had his wound examined. It was found that the ball had penetrated at the outer and upper part of the left leg, going through the belly of the gastrocnemius muscle, lying down in the vicinity of the great vessels, and its course stopped by the bone. It had carried in with it a patch of the trowsers and the drawers, which were of thick knit woollen, without tearing them. From the swelling of the wound the whole of this plug, nearly as large as the cork of a quart bottle, had been completely wedged into it, so as only to be withdrawn by free incisions. The wound remained quite painful for a few days, until suppuration had commenced, and now, after the lapse of a month, is slowly healing, and the patient getting about on crutches. The leg is somewhat bent, and cannot easily be placed on the floor on account of the contraction of the injured muscle.

The case is given somewhat in detail, to show to what extent the soldier is exposed, independently of the danger from his wounds. That a young man, scarcely 18, should be able to march 35 miles with his regiment, constantly fighting, and without food, keeping guard all night, and engage in a battle lasting four hours the next morning, be wounded, and while suffering and bleeding lie 36 hours with a man on his swollen limb, and nothing to sustain him, except on the second day a swallow of whiskey given by a woman who saw his head hanging out from the ambulance with his pale and fainting appearance, shows how much the human frame will bear when assisted by spirit and determination.—*Boston Med. and Surg. Jour.*, July 10th, 1862.

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Medical Inspector-General. — This appointment, under the new law reorganizing the Medical Department U. S. A., has been conferred on THOMAS F. PERLEY, M. D.

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The late Surgeon-General.—The late Surgeon-General, CLEMENT A. FINLAY, of Ohio, has been retired from service at his own request. He has been in the service forty years.

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U. S. Army Hospitals in Philadelphia.—The following is a list of the military hospitals in Philadelphia, with their location, and the name of the surgeon in charge: Broad Street, Dr. JOHN NEILL, corner

Broad and Cherry Streets; Buttonwood Street, Dr. A. C. Bournonville, corner Fifth and Buttonwood Streets; Christian Street, Dr. J. Reese, Christian Street above Tenth; Episcopal, Dr. R. P. Thomas, Kensington; House of Industry, Dr. Picot, Catharine Street, near Eighth; Master Street, Dr. P. B. Goddard, Sixth and Master Streets; Mechanics' Hall, Dr. G. C. Harlan, Fourth and George Streets; Pennsylvania, Dr. C. C. Lee, Eighth and Pine Streets; South Street, Dr. Jos. Hopkinson, Twenty-fourth and South Streets; St. Joseph's, Dr. W. H. Smith, Seventeenth and Girard Avenue; Summit House, Dr. Winthrop Sargent, West Philadelphia; Wood Street, Dr. C. W. Horner, Twenty-second and Wood Streets; West Philadelphia, Dr. J. J. Hayes, West Philadelphia.

In addition to the above, the following hospitals are being fitted up, and will be soon ready for occupancy: The German Hospital on Turner's Lane, calculated to hold 400 patients; the State Arsenal, at Filbert and Sixteenth Streets, which will hold 300 beds; the Hestonville Railroad Depot, West Philadelphia, with 120 beds; the Town Hall at Germantown, with 200 beds; and the Seminary Building of Mr. Crozier, at Chester, capable of holding 800 patients.

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Ohio State Medical Society.—This Society held its sixteenth annual meeting at White Sulphur Springs on the 17th and 18th of June.

After transacting the usual business, the Society adjourned to meet at the same place on the third Tuesday (18th) of June, 1863.

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Medical Department of the University of Vermont.—At a commencement held on the 9th of June, the degree of M. D. was conferred on 35 candidates.

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Jefferson Medical College.—At a meeting of the Trustees of this Institution, on the 22d July, Dr. Ellerslie Wallace was elected Professor of Obstetrics and Diseases of Women and Children.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—Two deaths from chloroform are related in the late London journals.

Case I.—Emma A., æt. 38, a weak, irritable, nervous woman, was admitted into Guy's Hospital, under the care of Dr. Oldham and Mr. Thomas Bryant, March 15, 1862, with vesico-vaginal fistula.

Previous history.—She had been married eighteen years, had had nine children born at the full period, and one miscarriage at the third month. For three weeks after her last confinement she passed her water very well, but at the end of that time she began to suffer from incontinence of urine.

On admission, she was placed on full diet, and ordered quinine and iron. On April 11, 1862, 1.30 P. M., she was placed on the operating-table with a view of undergoing an operation for vesico-vaginal fistula. Chloroform was being administered in the ordinary manner, by means of an inhaler, and from six to seven minutes from the time she took the first inhalation, she was suddenly seized with a spasm of the respiratory and most of the other muscles, especially those of the back, producing complete opisthotonos, respiration becoming at the same moment entirely suspended. The whole surface was pale, and lips somewhat livid; the pulse imperceptible, although the heart continued to act feebly for some minutes after. Immediately at the onset of these symptoms, the chloroform was, of course, discontinued. Artificial respiration was had recourse to by alternately compressing the chest, and rolling the patient over on her side, which was kept up for nearly one hour and a quarter; galvanism being at the same time applied in the course of the pneumogastric nerve, and over the region of the heart, and cold water dashed on the head, face, and chest, the tongue being at the same time drawn well forwards. But, in spite of all these efforts, no attempt at a voluntary respiration could be produced, although air continued to enter the chest freely. (The quantity of chloroform inhaled could not have been more than from two and a half to three drachms.)

Autopsy twenty-four hours after death.—Heart weak and flabby, and undergoing the process of fatty degeneration. Both sides contained a larger quantity than usual of dark fluid blood. Lungs and liver very much gorged, the gall-bladder small, shrivelled, and firmly adherent to the duodenum, with which it directly communicated by a fistulous opening. Brain and its membranes normal. None of the organs had any odour of chloroform.

Case II.—Another death from chloroform took place June 21, at the United Hospital, Bath, during the operation for the removal of a tumour on the lower jaw of a woman named Susan Harrison, aged 40. At the inquest, the house-physician, Mr. Barker, deposed to administering a drachm of chloroform on a napkin, and afterwards a second drachm when the first had evaporated. Her pulse at that time was very good, and in six minutes she was totally insensible. The operation was then commenced, and the tumour was laid bare; this took about four minutes, and by this time the second quantity of chloroform was almost inhaled, and the patient was becoming slightly conscious; he therefore poured another drachm on the napkin, which he held to her mouth, and she took one inspiration, when he noticed the pulse suddenly stop. He removed the napkin from her face, and the operation was suspended. She gave three or four gasps, and in about half a minute she was dead. Every effort was made to restore animation, but without effect. Mr. Gore, who performed the operation, said that no precaution was neglected which it was customary to take in such cases. On post-mortem examination it was found that the deceased was suffering from fatty degeneration of the heart, which, it was stated in evidence, it was impossible to discover during life. The jury returned a verdict that death was caused by the effects of chloroform.—*Med. Times and Gaz.*, June 28, 1862.

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Health of the British Army and Navy compared together.—Dr. Milroy read a paper on this subject before the Social Science Congress at its recent meeting. It contained the following startling facts in reference to the two services: In the army, in 1859, in the United Kingdom, the annual death-rate was 8.4 in 1000; in the Mediterranean it was 13; in the West Indies, 17; in the Australian colonies, 10; and in Ceylon and China, 47.1. The death-rate in the navy was as follows for the year 1858: On the home station, 9 6; Mediterranean, 11.1; West Indian, 20.8; Australian, 7.9; and East Indies and China, 62.5. The daily sick-rate in the army was as follows: United Kingdom, 50 in 1000; Mediterranean 48; West Indies, 53.5; Australian colonies, 27: Ceylon and China, 99.5. The daily sick-rate in the navy was: Home station, 53.5; Mediterranean, 48.7; West Indian, 66.6; Australian colonies, 42; and East Indies and China, 92.

A discussion ensued upon this paper in which Mr. J. N. Redcliffe said it was worthy of notice that Lord Clarence Paget, in moving the navy estimates, had stated that a large amount of the mortality and sickness in ships was believed to be traceable to the want of proper ventilation between decks; but he was not aware that the ventilation of iron-plated ships had been brought under the notice of the parliamentary committee which had been appointed to consider the subject. The iron plating of the ships shut out the means of ventilation, and the temperature between the decks of the *Warrior* was much higher than in any of the other war ships of the navy now in use. He understood that the Government had directed that seventy tons of solid brickwork should be placed on the bottom of that ship to keep out the bilge-water, but whether or not it was to be cemented he did not know. At the same time he must say that, when this brickwork should become impregnated with bilge-water, the evils would be greatly aggravated. Therefore, what the condition of the iron-plated ships now building would be could be readily conceived, and he thought it was urgently required that the attention of the Government should be drawn to the ventilation of the *Warrior*, *Black Prince*, *Defence*, and the other iron-plated ships now building, or the mortality might prove much greater than it was at the present time.—*Dublin Med. Journ.*, June 25, 1862.

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Sanitary Condition of the Public Schools of London.—A deputation from the medical officers of Health of London, headed by Mr. Edwin Chadwick, lately waited on Lord Palmerston, to represent the evils arising from the present bad sanitary condition of schools, from the undue amount of sedentary constraint, and from defective physical training. Dr. Dundas Thomson, F. R. S., represented that many schools were overcrowded. Dr. Druitt spoke of the long hours and hard tasks of the pupil-teachers, and their neglect of health and exercise; the long hours of the children, and the imperfect control exercised over the children with regard to cleanliness of person and dress. No task could be conceived more nauseous than that of examining infants to see if their vaccinations had been properly performed. Under a clean pinafore the clothing of the infants was often a disgusting mass of old filthy rags. In examining children at St. Mark's School, North Audley-street, he had noticed two particularly filthy children, whose skins and clothes bore marks of gross neglect; the mistress said those clothes could never have been removed night or day for weeks; these children came from a family in which two children died of scarlet fever in the winter. Cases of skin disease, sometimes infectious, were also noticed. Considering how closely they were packed in the galleries of infant schools, such disorders had every opportunity of spreading. He was convinced that shorter hours of study, close examination of the children's persons and clothes, and rules which shall require the teachers of schools aided by public money to send back children who were not clean, are essential for the welfare of schools. Systematic physical training, including drill, was equally so. Mr. Chadwick said that in orphan schools where the death-rate has been twelve in a thousand, the introduction of good ventilation has been attended with a reduction of one-third of the death-rate. When complete ablution of the person daily, and the practice of swimming and of bodily exercise, including the drill, was added to ventilation, there followed a reduction of another third. The reduction of the present excessively long hours of sedentary constraint was of course itself a reduction of the evil effects of overcrowding, and the other bad sanitary conditions of schools. Engineers and extensive employers established the fact that four drilled boys or four drilled men were in efficiency of labour worth at least five who were undrilled. The expense of teaching the rudimentary drill by a drill sergeant was about one penny per head per week, and that the rudiments were taught in about three months. A capitation grant of about 2s. 6d. per head might in the town districts serve for the extensive introduction of the element of physical training sought in the common schools. Formerly, and now, in many of the small union schools, only one-third of the orphan and destitute children were found to obtain respectable and self-supporting positions in life. Now, in consequence very much of the aptitudes to industrial service imparted by the drill, the failures amounting to a disqualification for respectable service had in that same class of orphans been reduced to within two per cent. Lord Palmerston said that the deputation were addressing one who was, in respect to the necessity of clean and pure air, as well as clean and pure water and good exercise, a converted man. He was, however, most sorry to hear the account given of the lamentable condition of the young population of the country in respect to those essentials, whilst he was glad to hear of the efficiency already attained in sanitary measures for prevention. These facts, as to sanitary progress, were certainly very gratifying.—*Med. Times and Gaz.*, May 17, 1862.

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Noxious Vapours.—In the House of Lords on Friday evening, May 9th, the Earl of Derby moved for the appointment of a committee to inquire into the injurious effects of the noxious vapours given off during certain manufacturing processes. He observed that the growth of population and extension of manufactures were attended with evils which deserved the most serious attention of the Legislature. Amongst these were the disposal of various effete and refuse substances, which, unless converted to some beneficial use, became the most dangerous of nuisances. For example, Dr. Lyon Playfair had been called upon to examine professionally the water served out in a certain manufacturing town in the North, and found (a material increase in the amount of arsenic and preparations of lead having taken place in certain processes of calico-printing in the town) that while in the water itself there was no appreciable quantity of arsenic, yet that one pound of the mud at the bottom of the river which supplied the drinking water for the population of the place, contained no less than from ten to thirteen grains of arsenic. His immediate subject, however, was noxious vapours, of which there were three classes: Some simply offensive without being greatly detrimental to animal and vegetable life; some arising especially from the decomposition of organic substances which were extremely injurious to animal life; and a third kind, absolutely destructive to vegetables, yet not primarily or palpably injurious to animals, unless in great excess.

Under this last head, he referred more particularly to the vapours of hydrochloric acid from alkali works:—

"The export of soda amounted in 1840 to 75,704 cwt., or to the value of £44,575, while in the year 1860, the quantity exported was 2,049,582 cwt., the value nearly reaching a million sterling. The enumeration related simply to soda and pearlashes exported, and left out of account the important classes of soaps and bleached goods, into which they entered largely, as well as the amount manufactured for home consumption. When their Lordships bore in mind those facts, as well as the circumstance that the articles in question entered into the manufacture of paper, glass, and a hundred other substances, also the fact that one manufactory, and that by no means on the largest scale, turned out in the present year very nearly 100 tons of soda per week, they would have some idea of the extent of the process to which he was adverting. In the town of Newcastle-on Tyne, one of these great manufactures employed 1000 persons, and covered, under one roof, sixteen acres of land."

The manufacture of soda was effected by decomposing common salt by sulphuric acid; the muriatic acid which was evolved was treated as a waste product, and allowed to escape into the air, and was most destructive to vegetation. Raising the chimmeys had but the effect of protecting the immediate neighbours, and allowing the vapour to travel greater distances. Where manufactures abounded, as at St. Helen's near Newton—

"There was hardly a tree standing at this moment; and if one was to be seen as a person travelled by the railway, it was standing leafless and branchless, giving to the whole country an air of desolation and destitution. There had been a deterioration in the value of the landed property to the extent of £200,000 within the last few years. It was rather curious that the effect on growing crops was not so great as on timber and hedges, and he could only account for this fact by supposing that it arose from the timber and hedges being exposed continuously and year after year to the action of these noxious vapours, while the crops were only exposed to them for three or four months, and perhaps in some degree also escaped injury in consequence of the direction of the wind. It appeared, however, that in one instance the crop had been destroyed in one night to the extent of a third, and it was stated that these vapours caused cows to slip their calves, and that sheep would not thrive on grass subject to the constant action of the vapours. Where there were a considerable number of orchards, the poor tenantry and cottagers suffered great injury from the loss of the fruit. Wealthy persons, who could have recourse to litigation, had some species of protection; but these poor persons had not. With regard to most of these manufactures, and especially with regard to alkali, there was a most perfect and complete remedy. Water would absorb 480 times the amount of muriatic acid gas, and consequently as the gas passed from the furnace into the chimmey, the simplest and most effective of all remedies was to meet it with a constant supply of water, and thus absorb it. The most approved method was that suggested nearly twenty years ago by Herschel, viz., to pack the chimneys with coke made very small, through which the vapour ascended, and down which the water fell, absorbing the vapour and completely condensing it. Unfortunately, in avoiding Scylla, some had fallen into Charybdis, because, instead of turning the water which came down the chimmeys to some useful purpose, it was allowed to make its way to some neighbouring brook, which it as effectually poisoned as the gas poisoned the air. But he had no doubt that this water might be, and indeed had been, by very simple chemical means, converted into a source of absolute profit."

Neither the Public Health Act, nor the Nuisance Removal Act, gave an adequate remedy; and as for an appeal to law, it was impossible to the poor, and almost ruinous to the rich. It is to be hoped that the committee which Lord Derby has caused to be appointed, will go thoroughly into the matter, and produce some practical results. The main principle we would insist on is this, that just as we have tardily discovered that the water we drink must not be polluted with the residual matters of animal life and human industry, so it must be with the air we breathe. In all populous places, coal-smoke is almost as fit an object for legislation as sewage. It is stated, for example, that 1,577,574 tons of coal have been brought to London during the first four months of 1862, and that this is less by

218,925 tons than the quantity brought during the similar period of 1861. But the quantity of sulphur in the coal used in Manchester varies from 5 to 6 per cent. Let us suppose the quantity to be 1 per cent., and that one-half of this is sent into the atmosphere by our chimneys, then 7888 tons of sulphur have been volatilized in London during the four months. Dr. Angus Smith estimates that one per cent. of coal is carried up in the form of carbon and tarry matter; the ammonia cannot be less; hence about 15,000 tons of each of these substances has been sent to pollute the London air during this year. How injurious these substances are to life—how they destroy vegetables, darken the air, act as the greatest obstacles to ventilation, cause wear and tear of linen and all washable articles, and impair the beauty of all objects whatever, and the durability of all buildings—is notorious. Is there a remedy? There must be. Dr. Angus Smith has shown that lime added to coal fixes much of the sulphur, and so decreases the quantity of that element. But this is not enough; we contend that in populous places smoke ought not to enter the air at all, but to be absorbed by and added to the water of the sewers, and sent to fertilize the earth. The day will come when polluted air will be scouted in the same way as we do now denounce the pollution of earth, air, and water by sewage.—*Med. Times and Gaz.*, May 17, 1862.

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Strychnia and Morphia. — Mr. John Horsley, analyst for the county of Gloucester, has lately drawn attention to an observation originally made by Dr. Letheby, and confirmed by Dr. Reese and Professor Thomas, of Philadelphia, that morphia has the power of disguising and destroying the coloured reactions by which strychnia is recognized. His investigations have led him to the discovery of a method by which the difficulty thus arising may be overcome, and also to a new test for strychnia. He writes: "I have, however, satisfied myself of another very important fact, viz., that it need not create any alarm or uneasiness in the public mind, for the difficulty in question is more apparent than real; since, in any case where both active principles are capable of extraction from a dead body, the strychnia is effectually separated from the morphia, in a form admirably fitted for identification, by adopting the following simple method, which I had the honour of submitting to the British Association for 1856, viz., to convert the strychnia into a chromic salt, by the addition to the pure and concentrated liquid of a few grains of the neutral chromate of potash, and briskly agitating the mixture with a glass stirrer for a minute or so, when, if strychnia be present, a more or less flocculent, but crystalline precipitate, of a golden colour, will separate and collect at the bottom of the vessel. In the course of a few minutes the supernatant liquor containing the morphia (which is much longer in precipitating), must be carefully decanted. If now a drop or two of the residue containing the golden-coloured strychnian salt be taken up with a pipette, and projected into a small white porcelain dish, and touched with strong sulphuric acid, the usual purple and violet-coloured indications of strychnia will be most marked. In this way a very small quantity of the poison will suffice for numerous chemical experiments, as demonstrated by me before the Chemical Section of the British Association. A similar precipitate of morphia does not react in this way, but is turned of a green colour; hence, when morphia is in excess, it has the power of completely masking the coloured reaction of strychnia, which, though present, remains passive and unelicited; but, by the process described, the strychnia can be easily separated from the morphia, or any other active vegetable poison with which it may be associated, when once these have been extracted from a dead body in a sufficiently palpable form. Thus much for the method of separating strychnia when present with morphia; but beautiful and delicate as is this method of detection, yet it is very far inferior to a new reagent I have just discovered, viz., the nitroprusside of sodium, which enables me to detect the 100,000th of a grain with the greatest ease! These may be considered large figures, but are arrived at thus: One grain of strychnia is first dissolved in 100 grains of water; then one drop of this solution is mixed with 999 more of water, and a fragment of the nitroprusside of soda added. When dissolved, and well mixed by agitation, a single drop of this solution, equal to the 100 000th of the original grain of strychnia, is let fall into a small white ware dish, and, after evaporation to dryness over a steam bath, is fit for the development of the characteristic colour, by merely drawing a glass rod, dipped in sulphuric acid, across the spot. The 3000th part only, with the best experiment, being the limit of the ordinary process, the new test, therefore, exceeds the old by 97,000 times the intensity; in other words, it is about 30 times more delicate."—*Med. Times and Gaz.*, June 28, 1862.

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Poison-proof Animals.—There are many cases on record of mites and insects having been found living on irritating vegetable substances. Cayenne pepper, ergot of rye, ginger, &c., are peculiarly liable to their attacks. But it has been considered that in these cases the starchy and soft fibrous matter only has been eaten, the active principle being rejected. Recent observations, however, would seem to indicate that these animals not only partake of each constituent of the food, but will subsist on such actual undiluted alkaloids as strychnine and morphine.

In the course of a microscopical examination of the saline efflorescences which often form on the surface of the ordinary vegetable extracts used in medicine, Mr. Attfield, Demonstrator of Chemistry at St. Bartholomew's Hospital, met with several colonies of little animals. Entomologically, these minute beings were very interesting; for, on the authority of Mr. Busk, F. R. S., three of the groups examined were decided to be members of two new genera, and probably three distinct species, of *acari*. But other curious facts seemed to be indicated by the circumstances under which these mites were living. Some were thriving on extract of colocynth, others on taraxacum, and many on extract of nux vomica. Now, considering that all extracts have once been liquid, and are therefore perfectly homogeneous, the conclusion is irresistible that an animal, however minute, must, in taking a mouthful of such food, be partaking of a portion of every constituent; and that an acarus, therefore, in eating nux vomica must be swallowing strychnine. But to prove incontestably that mites live and thrive upon food that is to man a deadly poison, Mr. Attfield secured some lively, growing specimens from the nux-vomica extract, and, after searching them under high magnifying power in order to be certain that no extract was accidentally adherent to their bodies, confined them singly in glass microscope cells, some with strychnine to feed upon, others without food of any kind. In less than two days the foodless ones were all dead, killed doubtless by starvation; while those supplied with strychnine were at the end of two months as lively as ever, and had of course increased in size. Another curious fact concerning these remarkable creatures is their utter indifference to the quality of food presented to them, each species partaking of strychnine, morphine, or cheese, with equal avidity.

A concise answer to the question, What is a poison? really seems more difficult than ever. Men gradually habituate themselves to the use of opium, tobacco, &c., till their daily dose is sufficient to kill from two to ten of their own species. Sheep have been known to consume unwholesome plants till their flesh has become uneatable. Goats will feed on hemlock; hedgehogs swallow almost anything; and the common toad cares little for hydrocyanic acid. Ultimately we come to the acari, which appear to enjoy a perfect immunity from the usual effects of a so-called poison; for here strychnine is only a poison in the same sense that starch would be poison to man—namely, in that it does not contain every element necessary for the reproduction of tissue. These facts seem, Mr. Attfield thinks, to form a chain of evidence more or less wanting in certain links, but which appears to indicate that a so-called poison is only a poison when the animal taking it is unaccustomed to it, or when the amount swallowed is far larger than that usually taken into the system.

Pliny says that Mithridates the Great was the object of so many conspiracies during his minority, that by means known only to himself he rendered his system poison-proof. This is treated as a fable, but in the theory of Mr. Attfield, the nearest approach to that condition might have been effected by continuously taking gradually increased doses of poisons.—*Ibid.*, April 12th, 1862.

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The Cholera.—This disease has broken out amongst the French forces in Cochin-China.

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Hairless Men of Australia.—There is said to exist beyond the Balonne River, in Western Australia, a race of men entirely destitute of hair on any part of their bodies.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Scarlatina and its Sequelæ.—By T. HILLIER, M. D., Physician to the Hospital for sick children. (Continued from p. 162.)

LECTURE II.—GENTLEMEN: In my last lecture I called your attention to the ordinary symptoms of scarlatina, and gave you examples to illustrate different types of the disease; I also referred to the very high mortality attendant upon it, showing that it was now in this country the most fatal of the acute specific diseases, that about 90 per cent. of the deaths occurred under the age of ten years, and nearly 70 per cent. under the age of five years; I also referred to the circumstance that it occurred epidemically, and that its severity and general characters varied much in different epidemics.

I concluded my lecture by reading you the notes of a case of *scarlatina without eruption*, and was alluding to the great differences which occur as to the amount of eruption in different cases.

To-day, after making a few more remarks on cases of irregular scarlatina, I shall allude to the diagnosis, the pathology, sequelæ, complications, and treatment of the disease.

There is no necessary relation between the severity of the fever and the amount of eruption; some of the most malignant cases have the rash but imperfectly developed; in these cases it often assumes a livid hue, and occurs in broad isolated patches with some points of ecchymosis. In other very se-

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vere cases the eruption may be most characteristically seen. In mild cases, on the other hand, the eruption may be almost absent, or it may be very well defined (Eliza R.) The following case of *anomalous scarlatina* is interesting, in which, after exposure to scarlatina infection, a child has slight feverish symptoms with coryza and headache, and a vesicular rash like varicella. Five days later she has anasarca, albuminuria, and dies in thirteen days of renal disease and meningitis. Graves relates a more striking case of this kind: "Some years ago scarlatina broke out in a medical gentleman's family and attacked all his children, with the exception of one young lady who, although in constant attendance on her sisters during their illness, did not exhibit any symptoms whatever of the disease. When all the children had become convalescent they were removed to the country, whither she also accompanied them. Here she was attacked with the peculiar anasarca observed in persons who have recently laboured under scarlatina." Graves adds: "This case, connected with those already detailed, appears to prove the fact that in some instances diseases produced by contagion do not give rise to the whole train of phenomena by which they are ordinarily characterized."

The diagnosis of scarlatina is not commonly difficult.[1] When the eruption is well-marked it cannot be mistaken for any other disease. The punctiform character running into a diffused general blush, its bright scarlet colour and appearance on the second day, distinguish it from the elevated papules of measles, which are arranged usually in a crescentic manner, of a duller red or purple colour, and appear on the fourth day. The coryza and cough of measles differ from the sore throat of scarlatina. Still there may be cases of scarlatina with coryza, or cases of measles with sore throat, and the eruption in either one of the diseases may be ill-defined, and in scarlatina may be delayed till the third or fourth day. The *tongue* in scarlatina is often characteristic, but sometimes it is as foul as in cases of measles, and the papillæ are not more prominent. An important point in the diagnosis is the greater frequency of the pulse in scarlatina, and the higher temperature; except in very mild cases in children the pulse is commonly above 120 in the minute, and the temperature over 101° for the first four days at any rate. These two points will also be of service in discriminating between cases of mild scarlatina and some forms of roseola. Now and then cases of this last disease are met with in which the rash has all the characters of scarlatina, and there may be slight febrile disturbance, and some redness and soreness of the fauces. If they occurred when scarlatina was prevalent we might be tempted to regard them as mild cases of scarlatina; but occurring isolated, not followed by any of the ordinary sequelæ of scarlatina, nor giving rise in others to any disease of the same kind, they are probably not to be thus regarded.

Bouchut stated that the following might be taken as a diagnostic mark of the eruption of scarlatina; that if the finger-nail be drawn over the reddened skin a white line will appear at the end of nearly a minute where the nail has passed, and remain for some time; so that we may in this way write a word on the patient's body, which will be legible for two or three minutes. This phenomenon, due to the contraction of the capillaries, may commonly be observed in the rash of scarlatina; but it is certainly not confined to redness from this disease, as it may be seen in other affections, such as common erythema, and the redness produced by a mustard poultice.

The *pathology* of this disease requires yet to be discovered. Whether it belongs to the hypinotic diseases with a deficiency of fibrin, or the hyperinotic with an excess of that ingredient, the four analyses made by MM. Andral and Gavarret, do not seem sufficient to prove. The blood-changes induced by the scarlatina poison are of a more recondite nature than a mere change in the amount of fibrin would represent. The great elevation of temperature noted in this disease may be taken as evidence that there is probably a powerful influence exerted on the sympathetic nervous system as well as a great activity of tissue change, because we have good proof that animal heat, whether normal or in excess, is dependent on chemical changes; we should expect, then, a large production of urea from the nitrogenized tissues. What is met with in reality? The observations on this point have been but scanty until recently. You will find it stated in Dr. Parkes' book on the Urine that two German observers, Uhle and Brattler, found each in one case of the disease an increase in that ingredient. On referring to the details of their experiments, it will be found that they did not carry them on long enough to show whether the amount of urea secreted during the height of the fever exceeded what was normal to the patient in a state of health, but only that it exceeded what was secreted during convalescence. They did not carry their experiments on until desquamation was complete and health fully re-established. In Uhle's case of a child, aged 13, each kilogramme of weight excreted 0.677 gramme—*i. e.* each pound weight of the child excreted about 4.74 grains in twenty-four hours during the fever; and during convalescence each kilogramme only 0.486 gramme, or each pound weight 3.4 grains. Now, this is very much below what is normal in children of that age. In Brattler's case the weight of the man is not given, but the quantity of urea passed during the fever was 41 grammes, or 632.7 grains; and during convalescence was only 23 grammes, or 355 grains; now, this is very much below the average amount of urea secreted by men, and the result was obtained at a time when health was not fully restored.

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[1] When there is no eruption the diagnosis may be difficult, especially if scarlatina be not prevalent at the time. Occasionally cases of malignant sore throat occur, which it is very difficult, if not impossible, to distinguish from scarlatina anginosa without eruption. The frequency of pulse, heat of skin, and nervous symptoms, together with the history of surrounding cases of disease, would generally distinguish the scarlatinal cases from those of malignant angina. Diphtheria has many points of analogy to scarlatina, and not uncommonly prevails at the same time; but the diagnosis is usually very readily made by the presence of false membrane at a very early period, and the comparatively slight degree of fever.

Mr. Ringer has investigated this subject more fully, and in the paper mentioned in my last lecture has shown, from the analysis of a number of cases, that even during the height of the fever there is not, as would be expected from the elevation of temperature, any increase in the quantity of urea secreted—that there is sometimes a decided decrease; that there is always a very decided decrease in the second and third weeks of the disease, and that the urinary organs only recover themselves so as to secrete a normal amount of urea at the end of the third or fourth week.

The average amount of urea secreted by five patients during the days on which there was decided elevation of temperature, was about .540 grammes to each kilogramme of the patient's weight, or 3.78 grains to each avoirdupois pound; whereas the normal amount determined by estimating the urea during the last ten or fifteen days of the patient's stay in the hospital, especially when they remained forty or fifty days, was about .700 grammes to each kilogramme, or 4.9 grains to each pound. The average amount of urea secreted for a week or ten days after the first five or six days was not more than .425 grammes to each kilogramme of the patient's weight, or 2.98 grains to each pound.[1]

Now, as there is no increase in the amount of urea secreted during the elevation of temperature, but usually a decrease, and a decided decrease just as the fever is subsiding, we must suppose that there is a retention in the system either of urea or of some products capable of being converted into urea It would thus appear probable that the function of the kidneys is impaired very early in this disease, if not from the very first, and that it is not restored until several weeks from the commencement. We must suppose that the specific poison of the disease, when introduced into the blood, acts in some manner, perhaps on the sympathetic nerves, so as to cause extensive destruction of tissue with elevation of temperature, and whilst thus producing extra material to be eliminated, and in this way throwing increased work upon the kidneys, at the same time by a special action on them impairs their excreting power, either by direct chemical action or through the nervous system. We know that the kidneys and the skin enjoy functions which are to some extent supplementary the one to the other, so that if the skin does not act well, increased work is thrown on the kidneys, and *vice versâ*, if the kidneys do not act well the skin has more to do. The poison of scarlatina, whilst causing impaired action of the kidneys, excites active determination of blood to the skin, and usually the skin is dry. This is owing mainly to suppressed excretion, but partly to rapid evaporation from the high temperature. (Dr. Snow, *Medical Gazette*, 1842–3, vol. i. pp. 810–16.) Evaporation, of course, reduces temperature in proportion to its activity.

The observations of Mr. Sydney Ringer,

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[1] In considering these quantities of urea allowances must be made for the low diet of the patients and the complete inactivity of their life during the fever.

if they be confirmed by further investigation, would throw light on many known facts in reference to scarlatina, and afford a guide to treatment. We could then understand more readily why exposure to cold is so injurious by arresting the action of the skin, and why keeping the patient in bed is so important in this disease; we should also argue from it that one very important indication for treatment is to use diaphoretics and promote free excretion from the skin. This indication has been arrived at on other grounds, and, confirmed by experience, has been extensively attended to; but these observations on the urine point more clearly than ever in this direction. A theory has been lately propounded by Dr. Fenwick, that the scarlatina poison acts in an especial manner not only on the skin, the pharyngeal mucous membrane and kidneys, but on the mucous membrane of the stomach, and to a less degree of the intestines, causing a *desquamative gastritis.* His conclusions are drawn from very scanty data, and have not been confirmed by others. He attaches considerable importance to the frequency of vomiting as an accompaniment of this disease; this may, however, arise either from an action on the nervous system or on the kidneys, and does not by any means necessarily imply anything approaching inflammation of the stomach. He states that in a case that died at an early period of scarlatina, after vomiting, diarrhœa, and convulsions, he found in the stomach a few ounces of brown acid fluid; its mucous membrane was in one part much congested. The fluid was *alkaline;* on filtration the clear portions gave a precipitate on boiling which was not dissolved by nitric acid. The thicker part of the contents consisted of pieces of fine membrane, cells, fine granules and shreds of membranes; the pieces of fine membrane showed no appearance of fibres, but were dotted over with granules, some of which were of fat. The cells of which the deposit chiefly consisted resembled those to be found in a healthy stomach; they varied in diameter from $\frac{1}{1200}$th to $\frac{1}{2200}$th of an inch. The tubes of the mucous membrane could be traced out more easily than usual. They were large and much distended at the closed ends; only a few scattered cells were visible in them, and their basement membrane seemed lined by a membrane dotted over with granules. The villi of the duodenum were stripped of epithelium, and contained numerous fatty granules.

In another case which died in the second week of the disease, the mucous membrane of the stomach was pale and seemed wasted. The general microscopical characters of the fluid were much the same as in the other case; but the cells were sometimes arranged in masses as if they had been stripped from the tubes. The tubes of the stomach were not distended, but seemed smaller than natural.

Dr. Fenwick considers that the functions of the stomach were quite paralyzed, in proof of which he adduces the retention of the casts in the stomach in an undissolved state.

In an extensive examination of the vomited matters during convalescence from scarlet fever, he has almost always found torulæ, which cannot, he says, exist when the stomach is actively secreting gastric juice.

This apparent desquamation of the gastric tubes is not an uncommon thing after death. I am not inclined to attach much importance to these observations, but it may be well that they should be borne in mind in making future post-mortem examinations in scarlatina cases as well as in deaths from other causes to compare with them. In the notes which I have of such cases I have no account of the microscopic appearances of the stomach. The conditions which I have met with in the alimentary canal after death have been—(1.) Injection of the duodenal mucous membrane, enlargement of Brunner's glands, of solitary glands, of small intestines, and of Peyer's glands in a case that died on the fourth day. (2.) In a case that died on the sixth day, the solitary glands in the large and small intestines swollen and hard, but not red. Peyer's patches very distinct. (3.) In a death five weeks from commencement of disease with pleurisy, pericarditis, and renal disease, the stomach and intestines were healthy. (4.) In one that died on the seventeenth day, being tuberculous, there were tubercle of small intestines and ulcers of the large intestines. (5.) In another tuberculous subject that died of pleuro-pneumonia on the seventeenth day, the intestines were, to the naked eye, healthy. (6.) Another case, which died of empyema in the sixth week, presented healthy small intestines, congested cæcum, ulcerations in the large intestines, and aphthous ulcers of the rectum. (7.) In another child, who died of nephritis and pleuro-pneumonia on the thirty-ninth day, the duodenum and upper four inches of jejunum were brightly injected. Brunner's glands were considerably congested and elevated. The jejunum was generally congested. Peyer's patches of a dark colour, as if from pigment; in some cases there were superficial ecchymoses. Feces were adherent to the more prominent folds of mucous membrane of upper two-thirds of large intestines; on removing this, the mucous membrane is roughened, and the seat of minute ulcers the size of pins' heads; around these roughened folds there was some congestion.

In another case, a boy, aged 18 months, who died on the sixth day, the mucous membrane of the stomach was of a bright rose-red colour; otherwise natural. The intestines were healthy, except that all Peyer's and all the solitary glands were greatly enlarged, though not ulcerated.

Thus, out of nine cases where the intestines were examined, in six there was some abnormal appearance. The solitary glands seem to be frequently enlarged, and sometimes congested; Peyer's patches, too, and Brunner's glands are occasionally affected in the same way.

The part which the gastro-enteritic mucous membrane plays in the pathology of this disease is a question deserving of careful investigation.

In two cases fatal, one on the fourth and one on the eighth day, there was vomiting of dark green fluid for a day or two before death; and in one of these, as well as three other cases that died on the sixth day, there was tendency to looseness of the bowels.

Diarrhœa is not uncommonly a symptom in severe cases, and is one which it is often difficult to arrest.—*Med. Times and Gazette*, June 14th, 1862. (To be continued.)

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Clinical Remarks on Sympathetic Inflammation of the Eyeball, its Danger, and the Means of arresting it, made at the Central London Ophthalmic Hospital.—By HAYNES WALTON, Surgeon to the Hospital. The subject is among those in this department of medicine that modern observation has thoroughly recognized, and investigation and rational experiment have found a remedy for. Sympathetic inflammation, or sympathetic ophthalmitis, may arise out of any circumstances that produce disorganization of the eyeball. It is most commonly, however, seen when an eye has been spoiled by wounds. This is the usual course of things. An eye is wounded, perhaps severely, and the lens has escaped, or a portion of the vitreous humour; or, perhaps, the cornea only has been penetrated, and the iris, or the lens wounded. The acute and primary inflammatory attack is subdued, and chronic disease supervenes. The heretofore sound eye gets intolerant to light, the first common result; impaired vision in some form is the next bad omen. Loss of focal adjustment, incapability of sustaining vision on minute objects, loss of definition (generally called feeble sight), muscæ, spectra, flashes, stars, inflammatory action, loss of pupillary movements, change of iris colour, softening of the eyeball, and shrinking, are the later manifestations. Thus it would seem that the morbid action travels from the retina forwards. Ultimately, all the ocular tissues are involved, and atrophy ensues. There may be varieties in the subjective and objective symptoms; and there may be no pain, or it may exist with great severity.

The sympathetic action is imminent, so long as any irritation produced by the traumatic disease lingers, so that it may be developed in a few weeks, or not for years. It cannot be said that any peculiar form of wound, or the injury of any particular tissue, excites that kind of action which develops the sympathy; as blows without breach of surface, or chemical injuries, may cause it.

Inflammatory affections producing disorganization of the eye may induce sympathetic disease. I have seen the greater number of cases arising from staphyloma of the cornea and the sclerotica—that is, general enlargement of the eyeball—the result of purulent ophthalmia in infancy, than any other cause.

The diagnosis is by no means obscure, and in traumatic cases it is most easy. The eye primarily injured or diseased, always manifests symptoms of irritation or disturbance; and there is evidence of acute or chronic inflammation. These may be slight; but they are to be discerned with care. There is always soreness under touch. So far as I know, vision is invariably extinct. If, then, a patient who had lost an eye from accident or disease, were to apply to me on account of the eye heretofore well, but now attacked with any of the symptoms that I have pointed out of sympathetic derangement, I should examine the eye primarily injured; and if I discovered any morbid action in progress, any of those states which are connected with, or arise out of, what is called inflammation, I should say that I had before me a case of sympathetic ophthalmitis.

There are two errors into which you may fall, but they are easily avoided when you are on your guard. Do not, then, mistake for sympathy what is merely the same disease that has appeared in the one eye, and is secondary only in the order of time. Remember that the destruction of one eye, from any cause, may be followed, although the occurrence is not common, by the loss of the power of the retina in the other, and this without the least trace of any active symptom in that which was hurt. Precisely the same thing may occur after the one eyeball has collapsed, or has even been extirpated, so that sympathetic inflammation can have nothing to do with it.

The treatment is definite and sure; but is not to be found in general remedies, local applications, nor any dietary system. Nothing of the kind can be depended on; the affection can be stopped, or subdued, only by surgical treatment. A portion of the originally diseased eyeball must be removed, whereby the products that have set up the irritation, or the cretaceous, or ossified tissue, which has acted as a foreign body, may be got rid of; or extirpation resorted to. The practice works wonders when done early. If adopted before the sympathetic action has induced palpable structural changes, it will be all effectual. At later stages it may arrest progress, and stay the destruction. Even when the pupil has become adherent to the capsule of the lens, and the iris dull, I have known a check.

As a rule, the removal of a portion of the eyeball, "abscission," is adapted to those cases in which the eye has been wounded in the front part, and the abnormal changes limited to that portion of the organ. When the whole eyeball evidently is diseased, and especially when there is distension of the sclerotic coat, or general enlargement, "extirpation" is the more adapted.

I perform abscission in this manner. The eyelids having been retracted, I transfix the cornea, or whatever remains of it, or the staphyloma, if there be one, with an ordinary tenaculum, and cut it off with a long and narrow scalpel, gently and quickly. It may be necessary to make the amputation a little behind the cornea, and then the iris, or whatever remains of it, is taken away. When the lens is present, whether opaque or not, it ought to be removed. An attempt should be made by gently manipulating and rapid closing of the eyelids, to save as much as possible of the vitreous humour. I now place a ball of cotton wool or a pledget of lint quickly over the eyelids, maintain it with a bandage, and keep the eye so bound for two or three days. Afterwards, I apply strips of plaster. There is no more important part in the proceeding than this, without which being properly done there may be troublesome bleeding and long convalescence. Healing is effected by the cicatrizing of the surface, and its rapidity depends on the healthiness of the vitreous humour. Among the advantages of "abscission," may be mentioned that it admits of the most perfect adaptation of an artificial eye. This is through the stump that is left.

"Extirpation" should be done within the "ocular sheath" of the eyeball. For much that is interesting with regard to this sheath or tissue, of which the existence was only made out a few years ago by Dr. O'Ferrall, of Dublin, I beg to refer you to my work on the *Surgical Diseases of the Eye*, second edition. This operation would be called a more brilliant one than "abscission;" and there can be no doubt that, although the proceeding, so far as the practical surgery is concerned, is more prolonged and severe, the recovery may be more rapid, and the general effect on the system perhaps less. Yet I am quite sure that if the patient's ultimate welfare be considered, its adoption should be the rare exception.

I consider this to be the best manner of doing the extirpation. The eyelids having been separated by the silver wire retractor, the conjunctiva is dissected off with forceps and scissors close to its ocular attachment; the recti and oblique muscles then taken up severally with the hook, as in the operation for strabismus, and divided at their insertions; the sheath detached by a probe or hook from the eyeball, which should now be drawn aside, and the optic nerve cut through. There is generally no bleeding; but should it occur, a compress and bandage must be employed.—*British Med. Journal.*

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Clinical Lecture on the Diagnosis of Deep-seated Tumours of the Thigh—By Edward Cock, Surgeon and Lecturer on

Clinical Surgery, Guy's Hospital. The subject of the lecture was a case of tumour of the thigh, on which Mr. Cock had operated on the previous Thursday. On that occasion Mr Cock gave the history of the case, and reviewed the various kinds of tumours which might occur in that position, and present more or less similar symptoms. The case was one of great interest and of much obscurity. He would, therefore, again give the history and remarks on the diagnosis, and further illustrate the various points of the case by the results obtained by the operation.

Before the operation the only thing certain was that there was a swelling of the upper part of the thigh, evidently deep under the muscles—perhaps only under the rectus and tensor vaginæ femoris, but possibly under the deepest layer, the vasti.

The patient was admitted on November 22. The history of the case was as follows: He had been employed as a groom, and had always had good health. He was, however, evidently of susceptible and irritable fibre, and of delicate appearance. Probably he would be subject to great change in the circulatory organs. In fact, although not really ill, he was a man of weak power. He said that nine months ago he received a blow, bruising the lower part of the thigh. This, however, did not appear at the time to be of much moment, and soon got well. Probably it had nothing to do with his subsequent illness. When Mr. Cock first saw him, there was a swelling occupying the outer and fore, and also extending rather towards the inner side of the thigh. As to its depth, it was doubtful whether it was under the superficial or the deeper layers of muscles. It was tense, did not fluctuate, but there was a general yielding from steady pressure. It extended quite up to Poupart's ligament, rendering it ill-defined. It was clear, however, that it had not passed beyond it. Below this point it extended so as to occupy the upper fourth of the thigh. The femoral artery was displaced forwards, and was traced curving over the upper part of the swollen thigh, and then dipping down again to its natural position. This showed that the tumour was, at least, below the artery. There was pain over the tumour, but this was in the course of fibres of the anterior crural nerve, which were stretched over it. When at rest he had little or no pain, especially when the limb was so placed that there was no tension over the swelling.

The history the patient gave of the origin of the tumour is extraordinary, and probably not correct. According to his account it came in a few hours, six months ago. He had had a long day in riding and walking, and his thigh, he said, was strained. He went to bed tired, and next day he noticed the tumour—then almost as large as now. In fact, Mr. Cock said, since the patient's admission, in November, there had been very little increase in size. It would sometimes be a little larger, and then subside again, but there was no real increase in bulk. The variations in size were due to manipulations in repeated examinations by himself and his colleagues.

There was no pulsation except at the inner side, where it was in contact with the femoral and profunda arteries. Probably one of these arteries was above and the other below. At the outer part there was not the least pulsation

Mr Cock did not believe that the man's statement as to the sudden origin of the tumour was correct, as it was not possible to conceive that a tumour so large could have formed so quickly.

Probably it had existed several months, bound down deeply by muscle and fascia, and thence there could be no great access of blood to it. The day when the patient thought the tumour began, was probably when, after violent exercise, the structures which had previously bound it down relaxed or gave way, and the tumour found room to expand itself, so that in a few hours it attained considerable size. No doubt it had been before dense, hard, and small, and when it became large enough to attract the patient's attention it was elastic and soft. Before the operation Mr. Cock expressed his belief that the tumour was behind all the muscles. It proved to be lying on the bone, the capsule of the hip-joint and insertions of the psoas and iliacus.

As to the diagnosis of this tumour before operation. Its supposed rapid appearance, if the man's own account had been relied on, would, so far as that alone was concerned, have led to the suspicion of the giving way of a bloodvessel, or the formation of an aneurismal sac. If blood had been forced quickly from an artery there might be a mass which would not pulsate, but if slowly, then the tissues round about might condense into a sort of aneurismal pouch, and pulsation be produced; and thus an aneurism simulated. There would be, however, none of the regular symptoms of an aneurism. There would be no regular pulsation—not the expansive pulsations of an aneurism, but possibly a thrill. But, as he had just said, there might be effusion of blood and no pulsation. In this case the blood could come only from one of two arteries, the femoral or the profunda. It certainly did not come from the femoral, as this was to be easily traced over the tumour. It was equally certain that it did not come from the profunda, as it was not in the situation of this artery. Mr. Cock said that he had seen some cases in which the profunda artery had been injured or diseased, and blood had been gradually poured out; but, as he said, blood from such a source never could reach the position of this tumour. It passes along the course of the artery in the loose cellular tissue, and does not break down the fascia and pass to the outer side, but produces a tumour in the front and inner part of the thigh. An aneurism of the profunda was not, however, always to be diagnosed. A man, a few years ago, had a swelling in the thigh, evidently an aneurism, and apparently a femoral aneurism, as the artery could be traced to it and no further. Its pulsation was checked by pressure on the trunk of the femoral; and it was cured by ligature of the external iliac; but the pulsation in the upper part of the femoral artery was afterwards found to be continued down over the position where the aneurism had been. This patient had disease of the aortic valves. He kept well for some time, and then died suddenly. It was found after death that there had been aneurism of the profunda artery. Mr. Cock mentioned another case to illustrate the diagnosis of tumour of the thigh. He was sent for to examine and open what appeared to be a huge abscess in the upper part of the thigh. The thigh was immensely swollen down its inner and front part. The femoral artery was clearly to be traced down over the tumour. It was clear, therefore, that it was not an aneurism of the femoral. As, however, he had some doubt as to the contents of the swelling, which were evidently fluid, he passed in a grooved needle. Blood, but no pus, escaped. He then conceived that the profunda artery had given way, or that it might be a malignant tumour. An operation was out of the question, as the patient, a delicate emaciated lad, was much reduced in health. He died, and at the autopsy it was found that the profunda artery had been the source of the blood. There was a single round ulcerated opening. Mr. Cock alluded to another case exactly similar. To have tied the external iliac in such cases would have produced such a great impediment to the flow of blood as almost certainly to have caused gangrene. So far then aneurism or effusion of blood may simulate tumour of the thigh; it was clear, however, that in this case there was no such cause for the swelling.

It might be that the tumour was malignant. Not probably of the bone, as there was no history of the excessive gnawing pain which is always an early symptom in these cases. Hydatid tumour was another possibility. When hydatid tumours occurred in soft structures, they were always soft, elastic, and round, but when bound down by dense structures they may thus acquire a deceptive appearance of hardness. Hydatids in their surgical aspect, generally occurred in soft structures, but they might occur anywhere. Not long ago Mr. Cock removed a tumour from the back of the thigh which was deeply placed under all the muscles. As to fatty tumours, in ninety-nine cases out of a hundred they were seated in the subcutaneous tissues, but now and then they are found deeper and in contact with bone. In one case Mr. Cock removed a fatty tumour which was deeply placed amongst the muscles of the forearm. In the operation after separating the muscle and coming down to the deep fascia it appeared a hard dense tumour, but on dividing this fascia it turned out to be a fatty tumour, which had acquired the feeling of hardness from being bound down by the fascia over it. Mr. Cock alluded to another case in which a fatty tumour of many pounds' weight had been removed from the buttock. The man had had it ten or twelve years, and it had grown to an enormous size. The surgeon had made an incision with the intention of removing it, but finding at his first incision nothing but muscular fibre, he abandoned the operation. Afterwards the patient came under the care of Mr. Bransby Cooper, who cut through the gluteus maximus, and then exposed a large fatty tumour. It was found to pass into the pelvis and down the thigh; but although it was very extensive, its connections were very loose. It was easily removed, almost tumbling out by itself. Another instance of fatty tumour deeply placed was in the case of a child. In this case the tumour was evidently deeply placed in the neck, and on cutting down to it, it was found to be a fatty tumour placed between the spinous and transverse processes of the cervical vertebræ. It was easily turned out with the fingers.

Then the tumour might be fibro-plastic, as after the operation it was proved to be. A fibro-plastic tumour, Mr. Cock said, was but one degree removed from cancer. Formerly it was called malignant, and hence the records of cure of cancer. Some years ago Mr. Cock removed a tumour of this kind from the side of the neck, which extended from the jaw to the clavicle. The patient still remains well. A year ago he removed a tumour deeply placed in a boy's neck. At the first attempt to remove it there was so much bleeding that he was obliged to desist. This made it more likely that it was malignant. It grew larger, but, as Mr. Cock had reason to alter his opinions as to its character, he again operated. It was removed, and the boy recovered. It turned out to be a fibro-plastic tumour. Tumours of this kind were very likely, he said, to return, but nearly always in the same place. In one case of fibro-plastic tumour in the thigh of a woman, he removed the growth many times, but at length it became so deeply seated, involving the artery, that removal, he considered, was unadvisable. The patient and her husband, however, were extremely anxious that the tumour should be removed, and the limb was amputated. Death followed forty-eight hours after the operation. Mr. Cock said that he believed that in removing such tumours the damage necessarily done to the surrounding tissues sowed fresh seed for the growth of future tumours.

In another case, in which he removed a similar tumour from the thigh, the disease returned, and in three or four years from the date of the first operation he amputated above the knee. The stump healed well, but the patient died of tumour in the chest and lungs.

In another case, a girl, he removed a fibro-plastic tumour from the thigh eleven times, but at last it involved the femoral artery, and he therefore declined to remove it. This decision did not satisfy the patient, and she therefore went to another hospital. An operation was performed. She died a week or two after.

In the case of the patient the subject of the lecture, Mr. Cock said, in reference to the operation, that he had been anxious that as little blood as possible should be lost, knowing that necessarily a good deal must be lost. He therefore cut (away from any known source of arterial hemorrhage) between the position of the tensor vaginæ femoris and rectus femoris. Having bared the fascia under these muscles, a solid rounded mass was seen, but the tumour itself was not yet exposed. On cutting through the fibres of the crureus and vastus externus, the tumour itself was fairly exposed, and was found to be lying on the bone. On the first incision, some of the tumour forced itself through the wound. The wound was enlarged, and the finger passed in, and by the finger, and not by the knife, the whole of the mass was turned out. It was not in one circumscribed form, but there were many off-shoots and spurs in pigeon-holes of fascia. The finger was evidently passed over the capsule of the hip-joint, the insertion of the psoas and iliacus muscles, and over the bone. Except a little on the inner side, the whole was removed. In this direction, the inner side, it was impossible to separate it, and it would have been unwise to have used force. What remained he tied.

The bleeding was restrained by stuffing the cavity with sponge and binding it firmly down. The patient suffered a good deal from chloroform, but he had rallied a good deal next day. The healing of such a wound must be long, and there was some fear that pyæmia might ensue.

Dr. Wilks examined the tumour. He said that it was fibro-plastic, containing long nucleated fibres, none of the cells of cancer. It was not simple fibre, but showed a growth of some activity.—*Med. Times and Gaz.*, March 8, 1862.

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Cases illustrative of the Action of the Tincture of Veratrum Viride, with Clinical Remarks. By Dr. HANDFIELD JONES.

Case 1. A. R———, male, aged two years; seen May 1st, with Mr. Palmer. The child was attacked with symptoms of croup about four P.M. yesterday; was playing about a little before. He has had since then ten grains of potassio-tartrate of antimony (*i. e.*, rather more than half a grain every hour), and two leeches to the upper part of the sternum. The breathing is now much relieved, less noisy, though still very perceptibly harsh; chest free; no râles in back; pulse 140; skin hottish; bowels relaxed; has vomited. Is usually a healthy, strong child. Colour of face is still good.

In Mr. Palmer's judgment, as well as in that of Dr. H. Jones, the child was in a most perilous condition. Although there was a lull in the symptoms, it appeared most probable that it was only temporary, and that as night came on the dyspnœa would increase, and death take place before long. They agreed to give two minims of tincture of veratrum viride every hour.

May 2. Is decidedly better; stridulous respiration nearly gone; no effort in breathing; cough loose; skin moist and cool; pulse 129 at three P. M., in the morning 118. Has had three two-minim doses at hour intervals; since then four-minim doses at two hour intervals. No vomiting, but considerable tenesmus, for which one minim of tincture of opium was added to each dose. Voice is still shrill and brassy, and pulse too full and firm. A calomel aperient and warm bath were ordered.

3*d*. Is convalescent; pulse 72; child is cheerful, plays with his toys, and calls out for bread and butter: all croupy symptoms disappeared; vomited much last night, and was half suffocated during the act; after the vomiting he was considerably better. Every dose of the medicine seems to do good.

He recovered well.

Case 2. J. M———, aged two years and a half, female, admitted March 17th. Ill two days. She has bad cough; breath short; is feverish; hands hot; much thirst; no appetite. Resonance impaired at both lower backs; breathing in both backs very harsh; hepatization no doubt is taking place. Ordered, tincture of veratrum viride, twenty-five minims; mixture of citrate of potass, three ounces: two teaspoonfuls to be taken every second hour.

March 20. Is reported better; much cooler; medicine made her very sick all the first night; it has been given every four hours since yesterday.

21*st*. Slept well all last night; skin natural; good resonance in both backs; tolerable breathing, with some bronchial râles. The sides of the chest do not seem to collapse in inspiration. To have a drachm of cod-liver oil thrice a day; and two drachms of a mixture of citrates of potass and iron, and chloric ether: thrice a day.

24*th*. Is much better; appetite improved. Repeat medicine. Ceased attendance.

Case 3. T. A———, aged three years, male, was admitted June 2d. Ill three days. He has bad cough; is sick and feverish; bowels confined; hands hottish. He is a robust-looking child, with a good colour. Ordered a citrate of potass and dilute hydrocyanic mixture, four times a day; and gray powder and jalap at bedtime.

June 5. Is not sick, but still feverish; bowels confined; does not whoop, but coughs severely; harsh breathing and râles all through both backs. To have two minims of tincture of veratrum viride, in two drachms of water, every second hour.

7*th*. Very great relief from the tincture of veratrum viride, which was taken only one day; it caused much sickness, and has been exchanged for citrate of potash saline, ipecacuanha wine, and tincture of camphor, every fourth hour. There is still much cough; but the child is cool, and looks well. There is good breathing in the left and a little râle in the right back. To continue the mixture, with a quarter of a grain of the extract of belladonna to each dose.

16*th*. Bad cough; is worse; hands hottish; does not clearly whoop. To have the tincture of veratrum viride, thirty-five minims: water two ounces: one drachm three times a day.

26*th*. Is a great deal better; just well; hands cool; has scarcely any cough—only when he cries about anything. Discharged.

Dr. Jones made the following clinical remarks: "The foregoing cases certainly corroborate the very favourable testimony of our American brethren as to the virtues of veratrum viride. I think it is well worthy of more extensive trial by the profession, and I am much inclined to hope that it will prove a substantial addition to our means of controlling inflammatory disease. As far as I can judge, it would have gone very hard with both cases (1 and 2), but for the veratrum viride. Case 1 would, I believe, have died, and Case 2 would at best have had a slow convalescence. This case was the first one in which I tried the drug, and I was quite prepared to find at the next visit a considerable extent of both lungs hepatized, which with any other remedy I verily believe would have happened. Certainly veratrum viride is no placebo, and will only find favour with the partisans of active interference. Those who have witnessed its action will, I think, find it hard to believe that acute disease is never curable by depressing measures, or that expectant practice is always advisable. It is evidently a remedy very much of the same kind as digitalis, which has been employed on the continent lately in the same way, and apparently with very good results. (*Vide* Hirtz's paper in the *Bull. de Thérap*, Feb. and March, 1862.) The *modus operandi* of both is clearly to depress the circulation, which digitalis at any rate seems to do by hyper-stimulation of the vaso-motor nerves. The cold face and hands and slow pulse of patients under its full action, are just such phenomena as result from stimulation of the vagi and sympathetic nerves."—*Lancet*, July 19, 1862.

HOSPITAL NOTES AND GLEANINGS.

Rupture of the Lung without External Injury, produced by a Fall.—H. M., a strong, healthy man, 25 years of age, while in the act of leaving an omnibus, on January 8, fell, striking the ribs, just below the angle of the left scapula, against the step. He felt a good deal of pain, and thinking he had broken a rib, went home in a cab. During the night pain and difficulty of breathing increased, and he came to St. Bartholomew's Hospital the next morning. When admitted he was in great pain, and breathed as if suffering from acute pleurisy. On examination, no signs of external injury could be detected, and no fractured rib was found; but there was dulness on percussion over the base of the left lung behind, and a friction-sound was heard about an inch below the angle of the left scapula, breathing elsewhere being natural. He had expectorated very little in the night, and there had been no hæmoptysis.

Mr. Skey, who saw him soon after his admission, ordered eight ounces of blood to be removed by cupping over the seat of pain, and a flannel bandage to be applied to the chest.

January 10. Has had a restless night, and is still in a good deal of pain; skin hot and dry; pulse 120; respirations 28 in a minute; scarcely any expectoration. The dulness at the base of the left lung has extended slightly, and crepitation is heard below the angle of the left scapula.

11*th.* Has had a bad night; pulse 130 per minute, and of small volume and feeble; respirations 30; cough troublesome; has expectorated some rust-coloured tenacious sputa during the night.

12*th.* Is getting gradually worse; pulse is feebler, and respiration more rapid than yesterday. There has been scarcely any expectoration since yesterday. No auscultation was made to-day, as moving distresses him a good deal.

14*th.* Is much weaker since the last note; pulse 135, very feeble; respirations 35; skin cold and clammy. The apex of the heart is found pulsating in the epigastrium. Percussion loud and boxy at the upper part of the left side of the chest; quite dull in the lower half. Amphoric breathing distinctly heard above the angle of the scapula; below that point nothing.

15*th.* He passed a very bad night, and was this morning evidently in a dying state. Although suffering considerable dyspnœa from the amount of fluid and air in the left side of the chest, Mr. Savory and Mr. Wood agreed that an operation for letting out the air would be useless, as he was in so exhausted a condition that it would be impossible to prolong life. He died this afternoon.

Post-mortem, Eight Hours after Death.—On opening the chest a large quantity of fetid gas escaped from the left pleural cavity. The apposed surfaces of the pleura were covered throughout the greater part of its extent by a thick layer of recent lymph. About a pint of fetid puriform fluid, containing apparently very little blood, was found at the lower part of the pleural cavity. The lung was emptied of air, and packed closely along the side of the spine. On removing it a circular opening, about an eighth of an inch across, was seen on its surface, at a spot corresponding with the sixth or seventh rib, about an inch in front of the angle. This opening led into a cavity immediately below the surface, large enough to contain about two drachms of fluid, with irregular walls, to which were attached shreds of broken-down lung tissue. The ribs were not injured, and there were no marks of violence external to them. Water was forced down the trachea, and the lung expanded fully. With the exception of a little emphysema, the rest of the lung structure was healthy.—*Med. Times and Gaz.*, July 19, 1862.

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Paraplegia in an Acrobat, with Fracture and Displacement of the Spine, the result of a Fall; Recovery.—The nature of the injuries sustained, and that they should have ended in a recovery, render the following case a most remarkable one. Fractures of the vertebræ, with such an amount of compression of the spinal marrow as occurred in the present instance, are almost invariably fatal; for if a patient does not recover from the paralysis, even after union of the fracture, he is almost certain to die ultimately of disease of the cord. Fortunately, the paralysis had in great part disappeared, and the fracture had united when the patient left England for America. It would be interesting to know the ultimate result of this case:—

F. M——, whilst performing on the trapêze at the Alhambra on the night of the 28th of March, 1861, missed his hold, and fell a distance of above twenty feet on to the stage with so much violence that he rebounded some two or three feet from the latter. Upon endeavouring to rise he found that he had lost the use of the lower half of his body. He was, therefore, taken to the Charing-cross Hospital, where Mr. Hancock saw him about an hour after the accident. At this time there was considerable tumefaction about the lower dorsal vertebræ; and, after careful examination, it was found that there was fracture of the tenth dorsal vertebra, with more or less displacement. The parts below this point were completely paralyzed; deprived alike of motion and sensation; tickling of the soles of the feet did not produce the slightest reflex movement; the abdomen was tympanitic, and the lower portion—nates, scrotum, &c.—entirely void of sensation. There was no priapism. He was placed upon his back, with a pillow under the injured part, and warm anodyne fomentations were ordered to be applied over the abdomen; and as the bladder and rectum were entirely paralyzed, the house-surgeon was directed to draw off his urine four times in the twenty-four hours.

After remaining two days at the hospital, he was removed, at his own request, to an hotel in the neighbourhood of Leicester-square.

For the first month the treatment consisted in keeping his bladder empty, attention to his bowels, and rest, preserved strictly in the horizontal position, the greatest care being taken that in turning or shifting him his body was moved as a whole, without any strain upon the injured part. The urine, which at first was slightly acid, became decidedly alkaline in the course of a week; but there was no mucous deposit until three weeks after the injury, when, in spite of attention to catheterism, which was most skilfully performed by his wife (who tended him throughout with the greatest attention and talent), it formed in large quantity. This, however, was kept under by the infusion of buchu with dilute nitric acid, the good effects of which were undoubted, as the mucous deposit disappeared in a few days after taking it, whilst the urine at the same time gradually became acid, as shown by the litmus-paper, which was used daily throughout the treatment, and the dose of the above mixture regulated accordingly. Upon some two or three occasions, however, he got tired of the medicine, and left it off, and the mucus then reappeared in the urine. He therefore continued it regularly until about three weeks before he left England, when he gradually left it off, as the deposit ceased.

At the expiration of a month, as there still remained considerable tenderness in the neighbourhood of the injury, the part was painted over with Lugol's strong tincture of iodine, which was followed by good results, as he began to regain a little motion of the muscles about his hips, with slight return of sensation in the abdominal, pudic, and gluteal regions. He was also directed to take half a grain of sulphate of zinc, with one-thirtieth part of a grain of strychnia, thrice daily. This was followed by sharp, shooting pains in his legs down to the knees, with increased power of motion in the hips and thighs, especially in the left; there was also a gradual increase of sensation from the seat of injury downwards towards the knee, more on the right than left side, for whilst motion returned more quickly on the left side, it was the reverse as regards sensation.

At the end of two months, as the tenderness, swelling, and thickening had entirely subsided, a more minute investigation could be made, and it appeared that the fascia and muscles had been torn across opposite the tenth dorsal vertebra, whilst the spinous process and arch of the tenth vertebra could be distinctly felt projecting backwards nearly a quarter of an inch beyond the adjacent bones, and twisted somewhat to the left side, so that in all probability there was transverse fracture of the bone, with partial displacement of the arch—a supposition supported by the patient's account of the accident.

He is a man of great courage and intelligence, and he said that he was perfectly aware of what took place at the time of the accident, which he described as follows. That in that particular performance he had to balance his body with the epigastric region upon the horizontal bar of the "trapéze," and to turn a somersault over to the horizontal bar of another trapéze; that in turning this somersault something on his belt caught the bar and prevented the somersault being of sufficient length, so that he missed the other bar and came to the ground with his head and knees closely approximated, experiencing all the violence of the fall directly upon the injured part of the spine, which latter was at the time bent forwards to its utmost.

He could now (two months after the accident), by holding on the top rail of the French bedstead, turn over in bed without assistance. There was considerable shooting pain and stinging down his legs, occasionally accompanied with profuse warm perspiration, during which he could move the legs with much greater power and facility; whilst about the same time was observed another point of some interest; although tickling the soles of his feet and his toes did not produce the slightest movement in either leg, when he rubbed himself by the side of the scrotum over the front of the descending ramus of the pubes the toes of the corresponding foot were thrown into spasmodic action.

At the end of three months he had no sensation below his knees, but a very fair amount from the hips to the knees. He could move his thighs and legs, but not his feet. Lying on his back, he could, by the muscles of his hip and thigh, raise one leg from the bed, and cross it over the other leg. He could also turn himself over in bed, raise himself upon his hands and knees, and move about in that posture up and down his bed.

During the preceding month there had been gradual improvement in the vitality of the lower bowels, at first manifested by being conscious when the feces passed, and subsequently by his gradually becoming aware when the bowels were about to act, until by degrees he acquired the power of controlling the action of the bowels so as to enable him to use the night chair. He now (three months) began to pass his urine without the aid of a catheter; the first time he did so was during the act of defecation. He then passed it at other times, and, as it was ascertained by the introduction of a catheter on various occasions immediately after micturition that he had completely emptied the bladder, the continuous use of the catheter was dispensed with, and it was subsequently employed as a matter of precaution only. His sexual powers also returned. He continued to improve until the 28th September, when he left London for America. He had now recovered a certain amount of sensation down to and in his feet, and he could move his toes, though but slightly. As he had for some weeks been able to move about upon his hands and knees, he was anxious to try whether he could manage to walk by the aid of instruments. A long splint was therefore applied at the back of each leg and thigh, to prevent the knee bending, and he was then able to stand upright, and to walk round the room, holding by his wife and a friend.

The dose of strychnia, which was continued to the time he left England, never exceeded one-thirtieth of a grain, taken thrice daily; but the sulphate of zinc, given in combination, was gradually increased from half a grain to two grains.—*Lancet*, March 22d, 1862.

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Disorganization of the Wrist in a woman aged seventy; Amputation.—The age of patients is a very material element in the question of mortality after operations. The danger is much augmented in patients exceeding sixty years of age, especially in cases where the lower extremity is affected. If one had to choose, Mr. Erichsen lately remarked, an operation in a part as the least dangerous, he would certainly take the forearm. In a woman of seventy, with a large ulcer over the back of the right forearm, amputation was the only resource, the limb was so painful, and the wrist so completely disorganized. She had had an attack of diarrhœa, which was not wholly arrested; but as she was suffering so much pain, he thought it wiser to remove the forearm at once, which was done at its upper third, under chloroform, on the 10th June. As was anticipated, the carpal joint was generally destroyed, the cartilage being removed, the bones exposed, and pus present. These disorganized joints, Mr. Erichsen further observed, were not common in advanced life, and when they do occur in old people, are generally the result of long-continued rheumatic disease. In the present instance there was no rheumatism, but the mischief was the result of old standing disease. The progress of this patient subsequently was most satisfactory, the stump healing kindly. —*Lancet*, July 12, 1862.

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Staphyloraphy complicated with Enlarged Tonsils.—The operation of staphyloraphy is one so frequently practised by Mr. Fergusson at King's College Hospital, and we may say invariably with success, that we have not usually drawn attention to it unless there was something special or unusual to notice in the individual cases. On the 16th of June, a girl was submitted to the operation, with fissure through the soft palate, and a partial one through the hard. The parts were not abundant, but yet sufficiently fleshy to be favourable for the operation, which was satisfactorily accomplished There was the disadvantage, however, as Mr. Fergusson remarked, of enlargement of the tonsils, and patients will seldom submit to their removal before the other operation. He thought the cases do not heal so kindly when the tonsils are enlarged. The patient in the present instance was at first refractory; but she calmed down, and the operation was done with facility. It occupied from first to last but twelve minutes—a very short time indeed, Mr. Fergusson observed, particularly since four stitches were introduced.—*Ibid.*

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Curved-horn Toe-nail.—Some months back, Mr. Erichsen removed from a woman, in University College Hospital, the great toe-nail of the right foot, which had been enlarged and growing in a curved horn-shaped manner for the period of twenty years. It was upwards of two inches long. The neighbouring toes were becoming somewhat similarly affected.—*Ibid.*

Cancer of the Lip in a man aged eighty.—The patient was in the Middlesex Hospital upwards of a year ago, with cancer of the lower lip of about three months' duration; the submaxillary glands were enlarged. The disease was a regular oval, smooth, and shallow sore, almost a model of a Hunterian chancre at first; it then gradually became irregular, and the epithelial form of cancer developed itself. The patient, eighty years of age, was a great smoker, and found the sore no inconvenience. It was removed by a V incision by Mr. Mitchell Henry, and the wound healed up by adhesion.—*Ibid.*

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Nævus at the end of the Nose.—A few months ago an infant was brought to University College Hospital with a nævus situated at the end of the nose, a little to the left side. There was a question as to its treatment; but as the nævus was irregular, Mr. Henry Thompson preferred ligaturing it, although it would leave a little cicatrix, and this was accordingly put into practice. He remarked, that even with the application of a nitric acid, or of perchloride of iron, there was the certainty of a cicatrix in the event of the occurrence of sloughing. We subsequently learnt that the ligature was successful; and as the child was so young, no mark of any importance would be ultimately observed.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Military Medical Museum.—[The Surgeon-General U. S. Army has recently issued the following circular, to which we take great pleasure in asking attention. Dr. John H. Brinton has been directed to collect the pathological preparations from the military hospitals scattered through the country, and the task of arranging and turning to a useful account these preparations could not have been confided to an abler hand.]

[Circular No. 2.]

Surgeon General's Office,
Washington City, May 21, 1862.

In the monthly reports of sick and wounded, the following details will be briefly mentioned in accompanying remarks:—

SURGERY.

Fractures.—The date of reception, the situation, character, direction, treatment, and result, in all cases.

Gunshot Wounds.—The date of reception, the situation, direction, and character; the foreign matters extracted (if any); and the result in all cases.

Amputations.—The period and nature of the injury; the character of the operation; the time, place, and result.

Exsections.—All operations for, with a statement of the injury demanding them; the date of injury, the date of operation; the joint or bone operated upon, and the result.

MEDICINE.

Fevers.—Their character and symptoms; an outline of the plans of treatment found most efficient, with remarks on the location and sanitary condition of camps, or quarters, during the prevalence of these disorders.

Diarrhœa and Dysentery.—Grade, and treatment, with remarks on the character of the ration, and the modes of cooking.

Scorbutic Diseases.—Character and symptoms, with observations on causation, and a statement of the means employed to procure exemption.

Respiratory Diseases.—Symptoms, severity, and treatment, with remarks on the sheltering of the troops, and the atmospheric conditions.

Similar remarks on other preventible diseases.

Important cases of every kind should be reported in full. Where post-mortem examinations have been made, accounts of the pathological results should be carefully prepared.

As it is proposed to establish in Washington an *Army Medical Museum*, medical officers are directed diligently to collect, and to forward to the office of the Surgeon General, all specimens of morbid anatomy, surgical or medical, which may be regarded as valuable; together with projectiles and foreign bodies removed, and such other matters as may prove of interest in the study of military medicine and surgery.

These objects should be accompanied by short explanatory notes.

Each specimen in the collection will have appended the name of the medical officer by whom it was prepared.

WILLIAM A. HAMMOND,
Surgeon General.

NOTE.—Medical directors will furnish one copy of this circular to every medical officer in the department in which they are serving; and they will hereafter forward to this office with their consolidated monthly reports, all the monthly reports of the medical officers under their supervision. They will also immediately transmit all back monthly reports, and papers of every kind, relating to the above subjects of medicine and surgery, which may have accumulated in their respective offices since the commencement of the rebellion.

Complimentary Testimonial to Dr. John M. Cuyler, U.S.A., late Medical Director at Fortress Monroe.—[We take pleasure in publishing the following correspondence, which does no more than simple justice to a highly meritorious medical officer]

STATE OF NEW YORK,
SURGEON-GENERAL'S OFFICE,
ALBANY, July 21, 1862.

SIR: In transmitting through you to the honorable Secretary of War the inclosed communication, I perform the most agreeable duty which has thus far devolved upon me. You who are so thoroughly conversant with the qualities of mind and heart which characterize Dr. Cuyler, will see in this but a merited compliment to a true and noble man. You will find among the signatures the best names of New York, and it would be difficult to find on this side of the Atlantic, or on the other either, a jury of medical men whose verdict is entitled to more weight. To the above expression I beg to add, from personal observation, my cordial affirmation. I have the honor to remain Your obt. servt.,

S. OAKLEY VANDERPOEL,
Surgeon-General N. Y.

Brig.-General WILLIAM A. HAMMOND,
Surgeon-General U. S. Army.

NEW YORK, July 15, 1862.

Hon. E. M. Stanton, Secretary of War:

The undersigned corps of Volunteer Surgeons of the State of New York trust that their addressing you may not be considered an act of supererogation; for, although fully aware that it is not distinctly within the limits of their prescribed duties, they feel that they are discharging a moral obligation in putting on record in the department their high appreciation of the distinguished services which Dr. Cuyler, the

Medical Director of Fort Monroe, rendered daily and hourly, with untiring energy, to the multitude of sick and wounded in the department.

From our personal observation we feel pleasure in saying that we have rarely met with so happy a combination of thorough administrative talent with the highest order of personal skill and experience, and that genuine and true gentleness of heart—by the one benefiting those under his care to the full limit of professional skill, and by the latter shedding comfort and gladness, even where the sufferer is beyond reach of the first.

In thus briefly stating the result of our personal observation, we beg to say that we are not prompted to do so by the contemplated change in the Medical Staff of the army; for while, on the one hand, we do not intend to intrude, we feel, on the other hand, confident that government would not overlook the valuable services of so faithful a servant. We beg simply to be permitted, as we said before, to put on record our appreciation of so high an order of merit, and in doing so we trust it is unnecessary to state that our thus addressing you, sir, is not only unsolicited by but entirely unknown to Dr. Cuyler.

ALFRED C. POST, M.D., STEPHEN SMITH, M. D., ERNEST KRACKOWIZER, M. D., GEORGE COCHRANE, M.D., DANIEL AYRES, M. D., DANIEL E. KISSAM, M. D., C. OLCOTT, M. D., JAMES R. WOOD, M. D., WILLIAM DETMOLD, M. D., GURDON BUCK, M. D., WILLARD PARKER, M. D., T. M. MARKOE, M.D., CHARLES D. SMITH, M.D., J. J. CRANE, M.D., JOHN O. STONE, M.D., GEORGE A. PETERS, M.D.—*American Med. Times*, Aug. 16, 1862.

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Association of Medical Superintendents of American Institutions for the Insane.—The sixteenth annual meeting of this association was held in Providence, R. I., on the 10th, 11th, 12th, and 13th of June last.

The following officers for the year:—

President—Dr. THOS. S. KIRKBRIDE, of Philadelphia.

Vice President—Dr. JOHN S. BUTLER, of Hartford, Conn.

Treasurer—Dr. O. M. LANGDON, of Cincinnati, Ohio.

Secretary—Dr. JOHN CURWEN, of Pennsylvania.

A memoir of the late Dr. Bell was read by Dr. Ray.

Several valuable papers were read and discussed; and the members seem to have spent their time usefully and pleasantly. On Tuesday evening the association were entertained by our genial, hospitable, and estimable friend, Dr. Mauran, and on Wednesday afternoon they made a pleasant excursion to Newport, visiting the objects of interest in that attractive place.

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Rush Medical College.—The number of students attending the course of 1860-62 was 134, of whom 35 received at its termination the degree of M. D.

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Medical Inspection of Recruits for the Army.— [The following statement from our New York cotemporary (*American Medical Times*, Aug. 23d, 1862) reveals a neglect of duty in examining medical officers which loudly calls for immediate reform. The mustering into service of men incapacitated for military duty, subjects the country to an enormous expense, seriously weakens the ranks of the army, and fills our hospitals with useless invalids. It is the rule, we believe, in most countries, to charge the medical officers who muster in disqualified persons, with the bounty paid to such recruits, and the expense of their support, etc., up to the time of their discharge; and if such a rule were strictly observed here, an end would soon be put to such mal-practice.]

"The medical inspection of enlisted men is, as far as we can learn, a most shallow farce. Under the pressure of a per caput fee, the inspecting officer aims to increase the numbers which he daily passes to the largest possible extent. A single inspector has been known to examine 250 persons in eight hours; thus giving less than two minutes to each. It is notorious that the troops from the State of New York, of the regiments sent out last year, had every manner of disability. Even cases with double hernia of large size, were indorsed by the inspecting officer."

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The Physician's Visiting List, Diary, and Book of Engagements for 1863.—This useful little publication of Messrs. Lindsay & Blakiston has just appeared. It contains an almanac, a list of poisons and their antidotes, a visiting list for 25 patients per week, and pages for memoranda of various kinds.

FOREIGN INTELLIGENCE.

Wild Thyme in Whooping-cough.—M. Joset says that an infusion of wild thyme will, in many cases of whooping-cough and affections of the air passages, remove the complaint when all other remedies fail.

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Cinchona in Trinidad.—A renewed attempt is being made to plant the cinchona in Trinidad. It has been planted at a height above the sea of 2800 feet, and in soil of the richest kind.

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Influence of Ozone.—Dr. Ireland remarks, on the influence of ozone on the health of patients in the hospital of Umballa, Bengal, that on one occasion, when the quantity of ozone showed a marked increase, all the patients recovered; on the contrary, a sudden decrease of ozone was followed by a threefold increase in the number of patients, and the prevalence of rheumatism and influenza.—*Lancet*, July 12, 1862.

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Health of the British Troops sent to Canada.—[It will be remembered that during the excitement in England last winter in regard to the Trent affair, a large number of troops were sent to Canada. Extraordinary precautions were taken by the Army Medical Department to protect them from the effects of exposure to the inclement weather of that season of the year; and these measures, it will be seen from the following extract from the *Lancet*, were entirely successful. We allude to them in order to show how much may be effected by proper sanitary measures in securing the health of soldiers.]

"The reports which reach us of the careful medical supervision of the troops for Canada, and the consequent good health of the men despatched thither, are of a kind which must be in the highest degree satisfactory to the nation, and honourable to the Army Medical Department and the medical officers of the Canadian Depôt, who have acted under his orders. The precautions taken were indeed extraordinary. Each man had served out to him the following amount of extra clothing: Two pairs of woollen drawers, two pairs of worsted stockings, two merino under-vests, one chamois-leather waistcoat, one Jersey, one pair of sealskin mitts, one sealskin cap with ear muffler, one sheepskin overcoat, and one pair of Canadian boots; also for the sleigh, in addition, one pair of fur and buffalo robes. The transit in ships was arranged with perfection, and when the men arrived they found the most elaborate and thoughtful provision for their comfort and protection from the cold. Dr. McIlree, the Deputy-Inspector-General of Hospitals in Canada, with the assistance of Surgeon-Major Wood, appears to have carried out the instructions received from Dr. Gibson, the Director-General of the Army Medical Department, with zeal and intelligence. Stations were provided every thirty miles along the route, and small hospitals for the sick were fitted up. Further arrangements were made, where advisable, at farmhouses on the road for the reception of stragglers, and small depôts for medicines and medical comforts. Huts were erected for sleeping, properly warmed, ventilated, and planked; and thus the men were well lodged, and preserved from the demoralization consequent upon being mixed up with the civil population. Dr. Muir, with Dr. Rutherford (the sanitary officer), went over the route before the troops, and put the finishing touch to the arrangements. The men had warm coffee and a meat breakfast, hot rum and water with their lunch, and hot coffee with their supper. Their rations were increased to the degree which the greater demands of cold required. Thus it was ordered by the home authorities that the daily ration of fresh meat should be increased up to a pound and a quarter, or, if necessary, a pound and a half. Valuable general sanitary directions were circulated, and the medical officers were warned to be on their guard against pneumonia. The general results as to health have been, up to the present time, excellent. We believe that the ratio of sickness to health has scarcely amounted to two per cent. This is a result which shows that the Medical Department has merited well of the country, and has performed a difficult duty with entire success."

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Ventilation and Sanitary Condition of Armour-clad Ships.—[The following observations from a late No. (July, 1862) of the *Medical Critic and Psychological Journal* are well worthy of attention in this country by those engaged in the construction of iron-clad ships and by the navy department.]

"It is not a little curious that notwithstanding the many discussions in parliament, and, it may be added, notwithstanding all that has been said or written in the public press, of the capabilities of armour-clad ships as war vessels, their character as dwellings, and probable influence upon the health of their crews, does not appear to have ever been systematically discussed. Now, the defective sanitary condition of our wooden ships of war, more particularly as to the ventilation of the lower decks, would, it might be conceived, have suggested the propriety, nay, the necessity, at the very outset of so great a modification in the navy as the construction of armour-clad vessels, of considering their health as well as their fighting qualifications. But when it is considered that hitherto armour-clad ships have been so built that their walls will, it may reasonably be inferred, rapidly accumulate and store up heat; and that the circulation of air in the between-decks, unless artificially provided for, will be diminished to the least amount, in consequence of the smaller number and less size of the port-holes, and the rigid exclusion, for the sake of strengthening the walls, of all apertures not absolutely required between the exterior and interior of the vessels, it is manifest that, unless the evils likely to arise from these sources are specially provided against, these ships may in the end become veritable pest-houses. That this foreboding is no mere sanitarian exaggeration, and that we are justified in fearing, there being no evidence to the contrary, that the health condition of armour-clad ships has not received that attention which the importance of the subject demanded and still demands, may be gathered from the results of the trial trips of the vessels of this class already built. They have proved to be very uneasy in a sea-way, and as a consequence it may be surmised that it has been necessary to keep the ports closed to a greater extent than in wooden ships of war—and closure of the ports, it is not to be forgotten, cuts off almost the entire ventilation of the between-decks. The heat of the between-decks, so far as may be judged from the experiments recorded in the naval news of the day, would seem to range higher than in wooden steam-vessels of war—the sickliest ships in the service, in consequence of their heightened temperature. The sailors complain of the extreme 'wetness' of the armour-clad ships; and it is highly significant as to the state of the between-decks, that a little while ago a report was current in naval circles that deck houses would probably be needed for the crews. Finally, experience has taught that the bilges of these ships require to be dealt with after a new fashion. We learn from the *Times* of the 10th ultimo, that some seventy tons of bricks and mortar have been built into the bottom of the Warrior to prevent the lodgment and consequent stagnation of the bilge-water. The numerous valves which are inserted in the lower portions of the various sections of the Warrior are, it would appear, necessarily shorter downward than the divisions; or, in other words, the valves cannot conveniently be made to descend to the angles in the bottom of the ship. Now, the bilge and waste water which becomes stagnant is that which lodges in the bottom between the sections, where it remains undisturbed, and soon becomes putrid. Here it is that the masonry has been applied. All the leakage and waste water will by this alteration be brought to one common level, and also to one common suction. Additional pumps and valves have also been added; and by these arrangements it is expected that scarcely a gallon of water can hereafter accumulate in any part of the vessel. It is to be hoped that the absorbing power of brick and mortar has not been overlooked and provided against.

"But armour-clad ships are one-decked vessels; hence the problem of their ventilation and sanitary condition is doubtless simpler and ought to be more readily met than that of several-decked ships. The fighting and sailing qualities of ships of war must of necessity be always primary considerations with naval architects, but this does not in any degree imply the need of a neglect of the sanitary condition. As with house-architects the health as well as the living condition of a house ought to be an imperative consideration, so with naval architects, the health condition as well as the fighting and sailing qualities of ships should be also imperative. The former condition is just as sound a matter for scientific discussion and argument, and as important ultimately to the public and the service, as the latter conditions. The absence of any indications of the question being dealt with systematically and scientifically during the discussions and preliminary steps pending the present reconstruction of the navy, and the facts mentioned, have naturally given rise to the doubts we have expressed. In the construction of a ship of war it cannot be questioned that its health condition ought to enter as largely into the scientific consideration of naval architects as its fighting and sailing qualities. These latter conditions are of primary importance only in so far as they are the original objects of and must determine the form of the vessel, and modify (not set aside) the circumstances for the solution of the health problem. House architects know that it is easier to build a new house with due regard to its sanitary condition than it is to remedy sanitary defects in an old one. This rule we fancy ought to hold good with ships. The admiralty is entirely responsible to the public in this matter. It lacks nothing, either in men or means, for dealing with the health condition as well as the fighting and sailing qualities of ships in the most effective manner. We hail with pleasure the signs of interest it has already manifested in the subject, as evinced by their spokesman Lord C. Paget, but that interest is wanting in thoroughness. It has not shown itself a moment too early, but rather too late. Letting bygones, however, be bygones (to use the time-honoured phrase), we look to the future. The Horse-Guards was taught its lesson of thorough sanitary reform by the horrible disasters in the Crimea in the winter of 1854-55. It will be well for the admiralty to have a care lest it be taught its lesson of thoroughness by some equally horrible catastrophe. What would be the lot of the crews of a fleet of our ironsides in the yellow fever zone (no unlikely destination with the present aspect of affairs in the West), if that dreaded plague got among them, and the health-condition of the ships was such as we have reason to surmise it may be? The probable results are dreadful to contemplate. Here is a gauge from the preface to the Reports of the Health of the Navy in 1858 (published October, 1861). Yellow fever was introduced (according to Dr. Bryson) into the Icarus, one of the West India squadron, in September, 1861. She subsequently infected the Imaum, the Hydra, and the Barracouta. The crews of these ships numbered about 640 men. Of these, in the course of six weeks, no less than 160 were seized with yellow fever, and *seventy* died. It may be noted also that fully one-half of all the deaths from fever throughout the service in the three years 1856-58 arose from yellow fever."

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Dangerous Fashionable Folly—Green Artificial Flowers.—An analysis of green artificial flowers has been made by Professor Hoffmann for the Ladies' Sanitary Association; he says:—

"In a dozen of the leaves sent me analysis has pointed out on an average the presence of ten grains of white arsenic. I learn from some lady friends that a ball-wreath usually contains about fifty of these leaves. Thus a lady wears in her hair more than forty grains of white arsenic, a quantity which, if taken in appropriate doses, would be sufficient to poison twenty persons. This is no exaggeration, for the leaves sent to me were—some of them at least—only partly coloured, others only variegated. In consequence of some inquiries, I have been led lately to pay more than usual attention to the head-dresses of ladies, and I observe that the green leaves are often much larger and more deeply coloured than those which I have received.

"Ladies cannot, I think, have the remotest idea of the presence of arsenic in their ornaments. If aware of their true nature, they would be satisfied with less brilliant colours, and reject, I have no doubt, these showy green articles, which have not even the merit of being, as far as colouring is concerned, a truthful imitation of nature."

—

Dialysis.[1]—Human ingenuity is advancing the art of chemical analysis with rapid strides. It is becoming no easy matter to keep oneself at all *au niveau* with the discoveries in this department of science. While yet fascinated with the beauties and subtleties of Spectral Analysis, our attention is claimed for another analytical discovery, less beautiful it is true and less subtile, but susceptible of much wider application, yielding results of greater practical value, and therefore possessing more immediate interest to us as medical men.

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[1] "Graham on Liquid Diffusion applied to Analysis," *Royal Society's Transactions* for 1861, Part I. "Redwood on Dialysis," *Pharmaceutical Journal* for April, 1862. "Daubeny's Lectures on Agricultural Chemistry," *Gardner's Chronicle* for December 7 and 14, 1861.

We allude to the discovery of dialysis, which we owe to Mr. Graham, the present Master of the Mint. It may fairly be described as a kind of royal road or short cut, enabling us to arrive at analytical results previously unattainable, or attainable only by processes far more complicated, far more open to fallacy. Except in rare instances it employs no chemical reagents; it achieves its end merely by availing itself of certain physical properties inherent in the substances to be analyzed. Our readers may possibly welcome some account of the principle of this new analytical process, the mode of its practical application, and the peculiar, valuable results it enables us to attain.

Dialysis may be defined as analysis effected by liquid diffusion—in other words, the separating of liquid substances from each other by taking advantage of their different rates of diffusibility under particular circumstances. Our knowledge of the laws of liquid diffusion was exceedingly imperfect up to the summer of last year, when Mr. Graham published the results of his elaborate researches on the subject. So much of these results as is necessary in order to understand the principle of Dialysis, we will endeavour very briefly to explain.

Firstly. There is a great difference in the diffusibility of different substances in the liquid state, just as there is in the gaseous state. If by means of a pipette we convey a solution of any substance (a salt for instance) to the bottom of a jar of distilled water so as to form a distinct stratum, and then leave the jar undisturbed in a uniform temperature, the dissolved salt will always diffuse into the superincumbent water at a certain rate within a certain time. This rate will vary with the nature of the medium into which diffusion takes place; if, for instance, some other fluid be used instead of water. Briefly expressed, the fact amounts to this—that "different substances in solutions of equal strength diffuse unequally in equal times." (Redwood.) For instance, common salt diffuses into water twice as fast as Epsom salt, and this latter twice as fast as gum Arabic. Again, if instead of a single substance we convey a mixed solution of two or three substances to the bottom of the said jar, these substances, notwithstanding their mixture, will still maintain their respective rates of diffusion, the more diffusive body travelling most rapidly and showing itself first and most largely in the upper strata of superincumbent liquid. Hence, what in the case of a single body is mere diffusion, in the case of two or more bodies mixed together is a diffusive separation of them from each other. Such separation will be more or less complete in proportion to the difference between their respective diffusibilities.

Secondly. Between highly diffusive substances on the one hand, and feebly diffusive substances on the other, Mr. Graham has established some important grounds of distinction. The only one, however, which concerns us at present is this viz., that the former affect the crystalline condition, while the latter are not crystallizable, and have, further, the peculiarity of becoming gelatinous when combined with water. Hence, highly diffusible substances he classes together as "crystalloids," and feebly diffusible ones as "colloids" (from *collin* or gelatine, the type of the class). Among the colloids are hydrated silicic acid, hydrated alumina, and other soluble metallic peroxides isomorphous with the latter body, together with gelatine, albumen, starch, dextrin and the gums, caramel, vegetable and animal extractive matters.

Now, it is characteristic of the bodies just mentioned that, while they are more or less permeable to crystalloids, they are wholly impermeable to other colloids like themselves which may be in solution. For instance, suppose a layer of firm jelly, or some other colloid of a more convenient nature (such as an animal membrane) to be interposed between water on the one side, and a mixed solution of common salt and albumen on the other, it will wholly intercept the albumen, but will allow the salt freely to diffuse through its substance into the water on the opposite side.

It is plain, therefore, that although, as was above shown, simple diffusion into water will partially separate mixed bodies from each other, a far more complete separation will be attained by causing the diffusion to take place into water, not directly, but through an intervening membrane, such as a bladder or sheet of parchment. And this is just what is done in dialysis, which is nothing more than the diffusive separation of crystalloid from colloid bodies through a septum of gelatinous matter, the septum allowing the passage of the one, not of the other. The apparatus needed to conduct this process is the simplest possible. It consists of (1) a basin or deep dish containing three or four inches of pure water; (2) a "dialyzer," which is merely some kind of membranous septum secured by a bit of string around a light hoop of sheet gutta-percha, so as to form a vessel like a tambourine. Of all the substances yet used for dialytic septa, the most convenient has been found to be the "parchment-paper" made and sold by Messrs. De la Rue & Co. Care must be taken that it is not porous. The mixed fluid to be dialyzed is first poured into the hoop upon the surface of the parchment-paper to the depth of half an inch or so. The dialyzer is then floated on the basin or dish of water, into which the crystalloid constituents of the mixture gradually diffuse, the colloid constituents remaining behind. Mr. Graham found that half a litre of urine, dialyzed for twenty-four hours, gave its crystalloidal constituents to the external water. The latter on evaporation yielded a white saline mass, from which urea was extracted by alcohol in so pure a condition as to appear in crystalline tufts upon the evaporation of the alcohol. Professor Redwood observes that ordinary septa can only be used in dialyzing aqueous solutions; a septum suitable for dialyzing alcoholic or ethereal solutions not having yet been discovered. Some form of collodion, he suggests, may possibly answer the purpose.

The process of dialysis admits of some very important practical applications, to which we will briefly allude. (1.) It permits of the isolation of various chemical substances in a state of purity in which we were not previously aware of their being able to exist. For instance, chemists had hitherto never succeeded in obtaining a perfectly pure solution of silica. The solution of it, obtained by treating silicate of soda with hydrochloric acid, was not pure; it always contained a certain quantity of hydrochloric acid and chloride of sodium which resisted all further attempts at separation. But by subjecting the said silica solution to the process of dialysis, the acid and salt being crystalloids diffuse out, while the silica being a colloid remains behind dissolved in water and perfectly pure. In like manner, dialysis enables us to obtain solutions of peroxide of iron, alumina, and several other bodies, perfectly free from the salts or other chemical agents hitherto indispensable to their solution. (2.) In medico-legal inquiries, it affords a most valuable means of separating arsenious acid and the various poisonous metallic salts from their organic solutions. For instance, let a portion of tissue suspected to contain arsenic be chopped into small pieces, soaked in pure water, and then thrown on the dialyzer. At the end of twenty-four hours the arsenic, even if its quantity be infinitesimally small, will have diffused into the external water in a state fit for the immediate application of chemical tests. The poison is thus eliminated free from all organic impurity, and without employing any other agent than distilled water—advantages which any one conversant with the usual processes for separating minute quantities of arsenic will not fail to appreciate. Vegetable poisons, such as strychnine, morphine, and the other poisonous alkaloids, may be separated from their organic solutions precisely in the same manner. (3.) Professor Redwood suggests its applicability to another purpose, viz., "the separation of the more active crystallizable constituents of vegetable substances from inert colloidal matter, and the production in this way of a new class of medicines, containing the more active principles of plants, partially purified, and in the state of combination in which they exist in nature." Such preparations would occupy an intermediate place between tinctures, decoctions, and extracts, on the one hand, and the pure active principles which they often contain (such as alkaloids), on the other. The advantages of vegetable remedies in this form would be greater uniformity of strength, certainty of action, and convenience of administration. They would also keep better, and being void of all inert matter they would be *purely* medicinal, which in their present crude state they are not. The difficulties in the way of their preparation would be great, but probably not insurmountable. (4.) It affords a partial explanation of certain points in the physiology of animals and plants hitherto involved in much obscurity. (We say "partial" explanation, because, in all the processes about to be mentioned, a *vital* as well as a *physical* force is at work. At any rate, their full phenomena take place only where life is present; they cannot be imitated outside living organisms.) Professor Redwood instances the processes of absorption and secretion accompanying the act of digestion. The mucous membrane of the stomach and intestines may be compared to a dialytic septum between the blood on the one side, and the blood-making constituents of food on the other. Dilute liquids taken into the stomach diffuse through, or (as we generally say) are absorbed by, its mucous membrane. The plastic constituents of food, on the other hand, being colloids, "are retained in the stomach, while the act of digestion proceeds under the influence of crystalloids that are dialyzed into that organ, and then pass on to undergo new changes connected with absorption, assimilation, and excretion." He further observes that "the action of medicines must be considerably influenced by the state in which they exist as crystalloids or colloids. Thus, iron in the state of chloride, sulphate, or other crystalloidal salt, would be diffused through the walls of the stomach; but not so if in the state of a colloid, such as basic chloride or basic nitrate, in which state it would pass into the intestines, exerting its action probably through the entire length of the alimentary canal." When we know more of the comparative diffusive power of different medicinal preparations than we do at present, we shall probably prescribe them with greater success.

Lastly. Professor Daubeny, of Oxford, has shown, very clearly and fully, how and to what extent the principle of dialysis explains certain phenomena of vegetation—such as the transmission of sap through a plant, the separation of its various secretions from each other, and their maintenance in a state of isolation in appropriate receptacles. (1.) The sap is propelled upwards through the plant partly by capillarity, partly by atmospheric pressure, owing to the evaporation from the leaves and the partial vacuum thereby occasioned. But it makes its way *into* the plant, in the first instance, by endosmosis through the spongioles of the roots. (2.) The particular compounds secreted from the sap in different parts of the plant are maintained in their state of isolation and purity by the same principle of dialysis. The peculiar juices of plants (starch, gum, oils, etc.) are generally colloids, and therefore have no tendency to pass through the walls of the cells in which they have been elaborated. The different acid and alkaline products, on the other hand, being crystalloids, permeate membrane freely, "but are only temporary constituents or steps in the series of changes which are intended to convert carbonic acid into sugar and starch, and they are consequently got rid of either by exosmosis or else by some chemical process by which they are converted into glucose or fruit sugar." The principle of dialysis has likewise important bearings on the nature of the ultimate molecules of matter, and on certain geological phenomena. These, however, possess more interest to the geologist and physicist than the physician.—*Med. Times and Gaz.*, Aug. 2, 1862.

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Thalium, the Lost New Element.—The last new element, which has recently been discovered, in extremely minute quantity, in some ores of sulphur, by the aid of the spectroscope and process of spectrum analysis, is shown at the International Exhibition by its discoverer, Mr. Crookes. Several of its compounds are also exhibited. Thalium gives a single, bright-green line in the prismatic spectrum; hence its name, from *thallus*, a green branch.—*Ibid.*

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Rubidium.—The rare alkaline metal discovered by M. Bunsen in certain mineral waters by the spectrum analysis, has been recently found by Grandeau in the ashes of beet-root, tobacco, coffee, tea, and grapes. The spectrum of tobacco gave bands characteristic of lime, lithium, potassium, and rubidium. These facts show that rubidium is one of the most widely diffused bodies in nature, since vegetables of the most diverse kinds are found to take it up from the soil. This opens a field of research in vegetable chemistry into which M Grandeau proposes to enter.—*Ibid.*

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Yellow Fever amongst the French Troops in Mexico.—It seems by intelligence received by the *Tasmanian* from St. Thomas, that this disease is committing the most horrible ravages in the French camp; that out of a regiment of one thousand strong, no less than 475 men, exclusive of thirteen officers, have fallen victims to this disease; that many others of the men are in a most pitiable condition; that every medical officer attached to the regiment has perished; and that General Zaragosa has been obliged to seek assistance from the medical staff of the navy. In this deplorable condition the sickly remnant of the Emperor's troops were surrounded on a recent occasion, but with the undaunted courage which characterizes them, they succeeded in completely routing 5000 Mexicans, visiting them with dreadful slaughter. General Zaragosa is now enabled to keep open his communications with the sea, but no onward movement will be attempted until the arrival of reinforcements in the month of September next.—*Lancet*, Aug. 2, 1862.

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Woman's Mission.—[We extract the following sensible remarks on female physicians from our esteemed cotemporary, the *Dublin Medical Press*, July 9, 1862]

The long-debated question of woman's mission and the oft-repeated call for her so-called "rights" has at length attracted the anxious attention of thinking men. Our readers are aware that the consideration of the subject has been forced upon us by an application from a lady to the Edinburgh College of Physicians, to be permitted to enter for medical and surgical instruction with a view to qualify herself for practice, and by the refusal of her demand by the Council of the College by the narrow majority of two among thirty-four members. Were it not for the smallness of this majority by which the decision was affirmed, and the number of advocates which the fair candidates for medical honours have found, we should have passed over their claims in silence as utterly unworthy of consideration, but as we find their demands advocated by many anonymous letter writers and seriously concurred in by a large number of those who ought to be capable of giving judgment, we can no longer refuse a passing notice. We take it for granted that even the blue stocking sisterhood will not deny that the great moral requisites for a surgeon are—Firstly, quickness of perception and observation to enable him to diagnose. Secondly, logical ability to point out the treatment and prognosis. Thirdly, strength of mind to undertake the necessary responsibility and caution in carrying out the treatment; and Fourthly, unflinching nerve and coolness to enable him to operate, and to render him equal to any emergency which may arise. All but the last of these qualifications are requisite also for the physician, and we maintain that in most of them the female sex are radically deficient and morally incapable. We are far from wishing to deny the fair sex the honours of their undeniable discrimination and tact, or to lessen the importance of their gentle and unwearied care, and of that quiet efficiency and absence of fussiness which has received its full recognition in their universal selection as nursetenders in the hour of sickness; but we maintain that if there were no other objection, the deficiency of argumentative power and wayward persistence in their own opinion, which are as much characteristics of the female mind as those we have mentioned, entirely unfit them for the weighty responsibilities of life and death. But although these facts will not be questioned by unprejudiced readers, we are prepared for a direct issue as to their truth on the part of our fair friends who will, no doubt, asseverate that their sex excels ours in all these points, and that the current opinion to the contrary is nothing but the result of man's stupid prejudice. They will not, however, venture to deny the existence of physical disqualifications, which may well be considered insuperable. Even if the promptings of modesty should be entirely eradicated from the mind of the female doctor, and that she could approach a case of primary syphilis or fistula in ano without the repugnance natural to a modest woman, it is difficult to imagaine how a successful practice could be conducted by any person subject to periodical indisposition, and to a total disqualification from all business for three months out of the twelve. Will the medical sisterhood banish from their hearts all hope of ever enjoying the hopes and affections of maternity? or will they devote themselves to a cheerless celibacy for life? Such a consummation would be impossible, as it is undesirable, and the chimerical scheme would, if carried out, be productive we are convinced of many and great evils. We have chosen to deal thus largely with the general controversy, because these objections apply as fully to the practice of midwifery as of surgery and medicine. Even if the female sex were endowed with all the talents, powers, and qualifications necessary for the practice of our profession, they still have duties and privileges confided to their keeping, the cultivation of which is entirely incompatible with public life or active labour. With three or four solitary exceptions the career of woman-doctors, even in the obstetrical line, has shown their incapacity for the work. Out of the multitude of midwives and "*sages femmes*," not more than half a dozen have ever attained to celebrity, and in no one case have their efforts in any other line attained anything but an unenviable notoriety. The following passage describes the fate of one of the most successful female practitioners in the New World, and aptly illustrates our remarks:—

"The fate which has befallen one well-known and highly esteemed American female physician is significant. 'She was found,' writes our authority, 'unable to meet the exigencies of the every-day duties of her profession, as every one practically familiar with the exacting nature of those duties would have foreseen. The storm, the cold, the night, the distance, were barriers which she could not overcome without assuming the habits, dress, and manners of the opposite sex. And often the disease which she encountered was of such a nature as to compel her either to unsex herself in regard to her instinctive habit of reticence and modesty, or preserve her feminine sensibilities by neglecting her professional duties. Subsequently she became the medical head of a private charity for the treatment of sick women, in which capacity her medical education is admirably adapted to develop and give efficiency to her natural tastes and her instincts, and thus render her life one of eminent usefulness.'"

We have dwelt on this subject, as we have said, longer than we would have wished, because we perceive that woman's offers of her assistance have been seriously entertained by authorities in our profession and by the public—*i. e.*, the female portion of it. We notice the subject at all with regret; firstly, because we regard these advances on the part of the female sex as an evidence of a depreciation in the esteem for that modesty which formerly was an ornament and a distinctive quality of the sex, and as an ebullition of that sentiment which daily intrudes itself on our notice by the less harmful means of pork-pie hats, vast crinolines, knickerbocker gaiters, and other developments of woman's dress. We are glad to believe that these presumptuous and unfeminine demands to be permitted to outstep their proper sphere are not indorsed by any considerable section of the fair sex, and we think that all modest women should protest strongly against being thus saddled with the extraordinary demands of a few strong-minded would be (if we may coin a word) philogynists. But we are pained also to find that sixteen members of the Council of the Edinburgh College of Physicians were prepared to admit the claimant to the privileges of their College. We cannot believe that these gentlemen, having the strong arguments against the hackneyed demands of these "ladies" before them, could seriously record their votes in their favour, having honestly at heart the good of the community and the advancement of their profession. We can only assume that they derived some assistance in arriving at a verdict from the consideration of the advantages of the patronage, moral and monetary, of the female aspirants who would no doubt crowd the only gate open to them for entrance to the profession. We feel confident that we express the single feeling of our brethren in Ireland when we say that if such a step were attempted by any of our licensing bodies, such a division list would secure at the next election a more discriminative representative Council.

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Medical Council of Great Britain.—The doings of this council from which so much was expected seems not to have been satisfactory. Its attempts to regulate and improve medical education, and to purge the profession from unworthy members have been failures; and its new pharmacopœia, which has cost heavily in time and money, is now under protest in consequence of the council committing the blunder of introducing new weights and measures, which it is contended would create great confusion.

It is probable that the body will have to be entirely reconstructed by a new act of Parliament.

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The Astley Cooper Prize.—This prize, of 1500 dollars, has been awarded to Dr. Edward Crisp, by the physicians and surgeons of Guy's Hospital, for his essay on the Anatomy, Physiology, and Pathology of the Human Pancreas.

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British Medical Association.—The thirteenth annual meeting of this association was held in London on the 5th, 6th, 7th, and 8th of August. We see by our late Journals that the meeting was largely attended and was a highly interesting one, and that Prof. Wood, of Philadelphia, and Dr. Ephraim Cutter, of Woburn, Mass., were present.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Scarlatina and its Sequelæ.—By T. Hillier, M.D., Physician to the Hospital for Sick Children. (Continued from p. 185.)

I now come to speak of the causes of *Death.* The poison may prove fatal within twenty-four hours by a direct action on the blood and nervous system before there is time for the rash or any anatomical lesions to appear. There may in these cases be convulsions followed by coma, or extreme prostration and shock, with or without bilious vomiting, cold extremities, dilated pupils and feeble pulse.

In the cases fatal during the first week of the disease there are often no local lesions at all sufficient to account for death. The skin commonly has a purple mottled appearance after death, and small ecchymoses may be found under the skin, and the serous and gastro-enteritic mucous membrane. The spleen is commonly enlarged. The blood in the heart may be firmly coagulated or not, sometimes the clot is pale from separation of red corpuscles, at other times it is dark; it may be interlaced in the columnæ carneæ, musculi pectinati, and chordæ tendineæ, or not. (It does not usually present the appearance of antemortem coagulation such as would cause arrest of the circulation, as maintained by a recent writer on the subject.) Brunner's glands in the duodenum are not infrequently enlarged. Peyer's patches and the solitary glands of small intestines may be enlarged,

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there may be patches of congestion in the ileum and duodenum, and sometimes the mesenteric glands are swollen.

In the *throat* there may be but little change, or there may be ulceration of the tonsils, soft palate, pharynx, and even of larynx; there may be redness and granular lymph on the mucous membrane of pharynx, larynx, and stomach; abnormal vascularity of the cellular tissue and lymphatic glands near the parotid, and of the cellular tissue uniting the lobules of the gland with excess of serosity.

In cases proving fatal after the first week there will be always found some grave local lesions, as pointed out by Dr. Jenner. These may be in direct continuation of the primary lesions, or from complications or secondary affections.

The lesions which I have notes of have been the following: 1. Ulcers and sloughs on the fauces and pharynx. 2. Abscesses over the parotid glands and near angles of lower jaw, with or without sloughing of neck. 3. General anasarca and dropsy, including ascites, hydrothorax, and œdema of the lung. 4. Alterations of the kidneys. 5. Diphtheria. 6. Pleurisy, single or double, with serous or purulent effusion. 7. Pleuro-pneumonia. 8. Pericarditis. 9. Meningitis. 10. Peritonitis. 11. Tubercle in lymphatic glands or elsewhere. 12. Ulceration of large intestines with an aphthous state of the rectum.

This leads me on to speak of the *Sequelæ.* Suppuration of the lymphatic glands of the neck is very common. It may be limited to one side or extend to both. The glands involved may be those below the angles of the lower jaw, or those over the parotid. In many cases there is hard brawny swelling with serous effusion, not going on to suppuration. This may extend from the jaw to the clavicles over the entire front of the neck, and seriously impede respiration and prevent the opening of the mouth. These glands may be swollen independently of any affection of the mucous membrane of the pharynx, but more commonly there is ulceration or unhealthy congestion or asthenic inflammation of the tonsils, soft palate, uvula, or posterior wall of the pharynx. In some cases sloughing of the skin over these swellings takes place, which may cause death by extending to the deeper seated tissues of the neck. Occasionally fatal hemorrhage has taken place by the ulceration of some large vessel; I have never myself met with a case of this kind. Fortunately the arteries resist the sloughing process longer than almost any other tissue. Scrofulous abscesses of the neck often begin in scarlatina. Amongst the sequelæ must be mentioned chronic otorrhœa, with or without inflammation of the tympanum; there may be destruction of the membrana tympani and discharge of the ossicula. There is sometimes left entire deafness; and if this occur in young children it is followed by loss of speech more or less complete. Dropsy is, as you well know, one of the commonest sequelæ of this disease, and one which proves fatal to a large number of children. It is almost always, when present to any extent, accompanied by hæmaturia or albuminuria. Slight œdema of the face, not pitting on pressure, may be frequently seen during convalescence without the coexistence of albuminuria. This probably depends on anæmia together with retention of urinary products in the blood; for we have, as I have mentioned before, good reason to believe that there is retention of these products even when there is no albuminuria.

Some authors state that dropsy to a very considerable degree may exist without albumen in the urine. I have not myself met with such cases. It is desirable that the urine should be examined daily after the first week of scarlatina until the temperature has fully resumed its normal height night and morning, and other symptoms are equally propitious.

In about half the cases of scarlatina, or more than half if those are included in which patients were not kept warm and their diet regulated during convalescence, albumen was found in the urine; in a considerable proportion of these cases blood was also to be found. The blood may be enough to give the urine a very dark red colour, or merely a pink tint, or a smoky aspect. The urine commonly becomes scanty in quantity, and the specific gravity may be low, but more commonly it remains from 1020 to 1030. The albumen may be only sufficient to produce a cloud on boiling and the addition of nitric acid, or it may be enough to cause the urine almost to gelatinize. This appearance of albumen is generally preceded by an elevation of temperature, from 102° to 105°, but not always. In the graver cases there is elevation of temperature, a quick, throbbing pulse, thirst, nausea or vomiting, headache, and restlessness. In some cases there is almost complete suppression of urine for a day or two before death. In one case of this kind I found a small quantity of highly saccharine urine in the bladder after death. In the severer cases of albuminuria there is commonly dropsy within a few days of the albumen first appearing. Œdema usually begins in the face, and may extend to the whole subcutaneous tissue, especially the most dependent parts, as the back, and if the patient get up, the lower extremities, the penis, and scrotum. There may at the same time be œdema of the lungs and dropsy of the serous cavities, especially ascites and hydrothorax; more rarely there is meningeal effusion and hydro-pericardium. Œdema of the glottis is a complication which may arise and cause sudden death. If the case terminates favourably, as we may expect it to do in the majority of cases which come under treatment at an early period, the dropsy subsides and the urine increases in amount; it may be secreted in abnormally large quantities, and it becomes pale and of low specific gravity. The albumen diminishes in amount, blood disappears, and urates are often precipitated in considerable quantities; the urine regains its natural colour; and the patient is well, except that he is somewhat anæmic and weak. The albuminuria may last only a few days, or after lasting six or seven weeks it may then disappear, or it may lay the foundation for chronic disease of the kidneys.

Dropsy is comparatively a rare sequela when the patient is kept in bed and suitably treated. Of the eighteen cases treated by me in this hospital, from the first week of the disease there was no severe case of dropsy, and only two cases of slight anasarca, which speedily disappeared, besides those with slight puffiness of the face above alluded to. I believe that Dr. West's cases would give a similar result. There can be no doubt that exposure to cold is the most prolific cause of scarlatinal dropsy.

As a general rule, the cases in which dropsy occurs are those in which the attack has not been a very severe one, and the patient has been allowed to get up, and often to go out of doors within a fortnight or three weeks from the commencement. Severe dropsy occurs most frequently where there has not been much desquamation of skin. If we examine the urine microscopically in albuminuria, we shall frequently find red blood-corpuscles, the spheroidal renal epithelium scales about $\frac{1}{700}$th of an inch in diameter, and casts of the renal tubes; when there is much blood we find coagulated fibrin in irregular masses; and also a number of cylinders of fibrin, on which appear blood-corpuscles and epithelial cells. There are also frequently seen pus-like corpuscles, and some vesical epithelium from the bladder. Occasionally casts of tubes are seen almost entirely composed of blood; and sometimes I have seen very large waxy-looking casts as much as $\frac{1}{400}$th of an inch in diameter.

Mr. Ringer found that in the cases in which hæmaturia occurred there was always an elevation of temperature either on the same or the preceding day; blood may continue to appear for weeks after the temperature has fallen to its normal height. There appears to be no relationship between the quantity of blood and of albumen in the urine; there may be a large amount of albumen without any blood and much blood with a mere trace of albumen.

In two cases when the blood-corpuscles were allowed to subside, the clear urine gave no evidence of albumen on the application of heat and nitric acid.

Dropsy may occur as early as the fifth day from the commencement of the fever; this is rare. It is more frequently seen at the tenth or fourteenth day, and may be seen for the first time as late as five weeks from the date of attack.

Amongst the concomitants of albuminuria resulting from scarlatina, one of the most to be dreaded is pleurisy, single or double. I have seen this occur on the twenty-first day, on the twenty-sixth, and on the twenty-eighth days from the attack of scarlatina. It is commonly ushered in by heat of skin, and slightly increased frequency of breathing, with a quickened and thrilling pulse. There is frequently no pain on taking a full breath.

The physical signs are often not well-marked; friction may be absent. In a day or two there will be impaired resonance at the lower part of the chest on percussion, with weak respiration on auscultation, and at the upper limit of the effusion more or less blowing respiration. There will be diminished vocal resonance at the base, and sometimes ægophony near the angle of the scapula; but the signs derived from the voice in children are uncertain and cannot be much relied on.

I am anxious to impress on you the importance of frequently examining the chest in children recovering from scarlatina, if they are not progressing satisfactorily. The pleurisy comes on so insidiously in many cases, and effusion takes place so rapidly that the disease has often made considerable progress before its presence is suspected. One peculiarity of this pleurisy is its tendency to assume a purulent condition at a very early period.

The following case will illustrate what I have just said: W. R. aged 2½ years. This boy appears to have had an attack of scarlatina of moderate severity, with sore-throat and swollen glands, from which he seemed to be recovering pretty well, when at the end of about fifteen days he complained of pain in the stomach. This was probably the commencement of his pleurisy; but it was ascribed to gastric derangement by his own medical attendant and a physician who saw him. At the end of four days his breathing became hurried, without cough or wheezing, and two days later he was admitted to the hospital, when the signs presented themselves of pleuritic effusion on the right side. At the first examination they were supposed to denote pneumonia, as there was whiffing tubular breathing over the affected part, and dulness on percussion. There was not, however, the fine crepitation of pneumonia, nor the heat of skin which usually accompanies it. It was also found that by altering the position of the child the upper limit of dulness on percussion was altered in the following manner—that is to say, that the dulness extended not nearly so high near the base of the lung when the child lay on its face, as when supported in an oblique position with his face upwards. This proved that the dulness was due to fluid. The next day there was heard a fine crackling sound, which we did not at first ascribe to pleuritic friction, but to the existence of pneumonia; but subsequent auscultation led to the belief that it was caused by lymph in the pleura, and not to anything within the lung. The child became rapidly worse; the left pleura became involved, the urine was very scanty and highly albuminous, and on the fourth day after admission, being the eleventh day from the probable day of the commencement of pleurisy, he died. No less than three and a half ounces of purulent fluid was found in the right pleura, and three and a half ounces of thin sero-purulent fluid in the left pleura.

There was no shivering or convulsions at the onset of this attack, no cough, and the pain which was felt was referred not to the chest, but to the stomach. Nothing but a careful physical examination of the chest could prevent error in such a case as this.

Pneumonia is another sequela not infrequently occurring, also of most fatal character. It may set in at any time after the first week of the disease, and may be unattended by symptoms which direct attention to the lungs. There is generally, however, some dry cough, increased heat of skin, and frequency of respiratory movement at the onset, with more dyspnœa and working of the nostrils after it has existed for a day or two. The pneumonia may be confined to one lung, or it may involve both. It is remarkable for running a very rapid course. It may be of the lobular variety, which is so often seen in children, or of the lobar variety, more commonly seen in adults. It may be accompanied with a certain amount of pleurisy. There is sometimes, also, pericarditis in association with it. This last affection may also accompany pleurisy, or exist independently of either affection.

Meningitis is another of the sequelæ which occur during the presence of albuminuria. This is rarer than the two previously mentioned. I have seen two cases of it.

Peritonitis is another serous inflammation which sometimes occurs. I have seen it twice, once in a lady after parturition, and once in a child who subsequently died of tubercular disease.

Diphtheria is another complication which not uncommonly occurs when that disease is epidemic. It may occur during the first week of the disease—that is to say, the scarlatinal sore-throat may assume a true diphtheritic character, or it may occur during convalescence. I have seen it occur on the thirty-first day and on the forty-third day from the attack of scarlatina. In both these cases it proved rapidly fatal by extension to the air-passages.

Convulsions are occasionally met with also as a result of the renal disease. They are not very common, nor are they so fatal in children as in adults. Of four cases seen by Dr. West, three recovered. Of thirteen mentioned by M. Rilliet, ten recovered. Only one case (S. B., aged 10 years) has come under my notice during the last twelve months which proved fatal from the occurrence of pleuro-pneumonia. On the thirtieth day the convulsions came on, as is usually the case, without any premonitory symptoms. They were attended with very great lividity and elevation of temperature, and lasted at intervals for several hours. Shortly after recovering from these, the symptoms of pleuro-pneumonia manifested themselves, and proved fatal on the ninth day. There was enlargement of the kidneys, and the epithelium exhibited under the microscope a considerable amount of fine granular deposit in their interior; there was also some opacity of the arachnoid, both at the upper surface and the base of the brain, and the sulci of convolutions were filled with clear semi-coagulated fluid. There was nothing in the condition of this little girl on the day before her attack of convulsion to excite uneasiness except the presence of albumen in her urine, which was, however, diminishing from day to day, and the child appeared to be gaining strength.

Tubercular disease may be induced in persons predisposed to it by an attack of scarlatina; but acute tuberculosis is much less frequent after this disease than after measles.—*Med. Times and Gaz.*, June 21, 1862.

(To be continued.)

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Clinical Lecture on a Case of Puncture of the Neck, with Wound of the Internal Jugular Vein—Hemorrhage arrested by Pressure. By JOHN ADAMS, Surgeon to the London Hospital.—Mary Ann R., aged 13, servant, while cleaning the window of an upper room, was suddenly seized with giddiness (to which she was subject), and at once fell, passing through a skylight. She was picked up insensible, and remained so until she was brought to the hospital, on June 9, half an hour after the accident. Upon admission, she was pale and exsanguine, evidently suffering from the effects of loss of blood. Upon examination by the house-surgeon (Mr. Gwynn), there was found a large deep irregular wound, situated in the right submaxillary space. No hemorrhage was apparent at this time. The patient was then removed to the ward, and wet lint was applied to the wound. Mr. Adams' attention was shortly afterwards directed to the case; when, upon examination and removal of the clot, a gush of blood ensued, which was pronounced to come from the internal jugular vein. Mr. Curling, being in the hospital at the time, his assistance was promptly obtained; he divided the skin upon Mr. Adams' finger, so that the bleeding vein might be secured, but the withdrawal of the finger was attended with an immense gush of blood. Temporary pressure was therefore applied with the finger. As the amount of hemorrhage was so great, and as it appeared impossible to reach the vein, Mr. Adams plugged the wound with pieces of sponge, and applied a compress. The patient was kept in the recumbent posture, with the head extended. Beef-tea and milk diet were prescribed, and a constant and careful watch was kept over the patient in case of hemorrhage.

June 10. No further hemorrhage has occurred. The patient complains of some pain in swallowing; an enema containing tinct. opii ♏xx, and two ounces of beef-tea were administered every four hours. Passed a good night; was fretful and uneasy during the day.

11*th*. Seen by Mr. Adams. The bandage was removed, and spirit lotion was applied. The head is now able to be raised.

12*th*. Strapping removed by Mr. Gwynn. Sponge is still left in the wound, from which there is some sanious discharge. The adjacent parts do not appear inflamed.

13*th*. Improving. Extremely fretful. Linseed poultice to be applied to the wound.

14*th*. Progressing favourably. Seen by Mr. Adams, who removed one piece of sponge. Pulse 80. Sleep natural.

18*th*. Mr. Adams removed one piece of sponge, replacing another. Patient is now able to take solid food.

30*th*. Patient has gone on without an unfavourable symptom, is now up, and is able to take the ordinary diet of the hospital. The wound has healed with the exception of a small healthy granulating surface, about the size of a shilling, which requires only simple dressing.

Gentlemen: I direct your attention to the case before us because it illustrates some important points of practice, and because we may derive some hints from it in reference to hemorrhage from veins: and I consider the latter point interesting, inasmuch as, in dealing generally with venous hemorrhage, a knowledge of anatomy is quite as important as in cases of arterial hemorrhage.

When called to a patient, as in the case before us, who has received a wound of any depth in any part of the body, the first question which suggests itself to the mind of the surgeon is, whether the patient has lost much blood; of course if he is bleeding at the time, there is nothing else to be done but to stop the wounded vessel at once by suitable means; but it is well known that all hemorrhage may have ceased from the coagulum in the end of the torn vessel, or the opening in the bloodvessel may, as in the case of a gunshot wound, have been closed by the pressure of some foreign body, as a piece of the patient's clothes. If there is no bleeding at the time, the surgeon may reasonably infer, nevertheless, that the patient has lost a large quantity of blood by his general appearance and by the state of the pulse, and such other indications as are known to be characteristic of severe hemorrhage; such indications applied to the case before us led me to infer that this patient had lost a large quantity of blood, although there was no other external mark of bleeding at the time when I saw her. If, therefore, from what I have stated, you suspect that a large bloodvessel has been wounded, you are urgently called upon to investigate this circumstance, although the bleeding may have ceased. I have so often witnessed mistakes from neglect of this point, that I cannot too forcibly impress the rule I allude to on your minds; therefore, notwithstanding all cessation of bleeding, you must examine the wound most carefully, remove all the clots, search for the wounded vessel, and, if possible, tie it. If an artery has been wounded in a young subject, it may have contracted to such an extent by its own inherent muscularity as to be found with much difficulty; but it must be found and tied, or, when reaction sets in, hemorrhage is sure to recur; and you may be called on at any inconvenient season to tie a vessel, and when no assistants are at hand to give you aid. In wounds of the neck, where there is any suspicion that hemorrhage has occurred, I consider it most desirable that you should not adapt the parts by suture or any other means, until you have thoroughly searched the wound and secured the bloodvessels, for the patient may be nearly suffocated by the pressure of the effused blood on the larynx and trachea. I may also tell you that the sudden fainting of the patient after a wound generally leads to the inference that a large-sized vessel has been wounded.

In the case before us, I acted according to the rule laid down, and, although the bleeding had ceased entirely, from the pallid aspect and almost pulseless state of the patient, I was certain a large quantity of blood had been lost: in this idea I was confirmed by Mr. Gwynn, the house-surgeon. I therefore introduced my fore-finger into the wound, which I found extended upwards, as far as the base of the skull, and on withdrawing it a large quantity of venous blood gushed out. I immediately reintroduced my finger and stopped the hemorrhage. Of course I could not safely remove my finger, and was very glad to avail myself of the assistance of Mr. Curling, who, with a bistoury, enlarged the wound on my finger, so that I might, if possible, reach the vessel and tie it; but the wound was so high up that this was impossible, and as I was convinced that the internal jugular vein was the vessel wounded, I felt that no time was to be lost in seeking it. I therefore applied small pieces of sponge well pressed into the wound, and the hemorrhage was arrested not to return: the sponge was confined by strapping and bandage. Now, you may say, is it right to put a ligature on the internal jugular vein? Certainly it is unless you can stop the bleeding by any other means, and I candidly tell you, notwithstanding the fortunate issue of this case, if I could have found the wound in a convenient situation I should have tied the vein; perhaps it is better that I did not, as all hemorrhage was arrested by pressure; but there is nothing so satisfactory in hemorrhage as the ligature. I must tell you that the case was materially aided by position, for the head was made dependent backwards over a pillow, or, as the report says, completely extended, the patient being in a position as you may often see calves placed in as they are being brought to market in carts.

The risk of phlebitis, which often attends ligatures on veins, is avoided by the employment of pressure. As the case before us illustrates the subject of wounded veins, and hemorrhage resulting from such wounds, I may be excused from dwelling somewhat on this subject generally, and on this case in particular. Serious and fatal hemorrhage from veins is not of very frequent occurrence, and perhaps that is one reason why no great deal of attention is given to it. When a patient dies from hemorrhage, the blood usually comes from some large artery; but it happens now and then that fatal bleeding arises from wounded or divided veins; thus in the operation of lithotomy in persons advanced in years, I have seen such serious bleeding from the plexus of veins which surrounds the prostate and neck of the bladder as almost to destroy the patient; so also in amputation of the thigh, if the vein is cut obliquely most inconvenient hemorrhage happens occasionally, and this more often occurs if no valves are near the divided end of the vein; when this happens it is better to dissect the vein upwards and cut it across at once, or if the bleeding still goes on, either a compress of lint must be applied with a ligature attached so as to facilitate its removal, or the vein must be tied.

You will occasionally read in the public papers that a person has died suddenly in the street, or in a cab, or in a railway carriage, from the *bursting*, as it is termed, of a vein in the leg; this is no very uncommon occurrence. Frequently in the course of your experience at this hospital you will have cases brought in in consequence of hemorrhage from an ulcer on the inside of the leg above the inner ankle. These are varicose ulcers, and I often take the liberty to ask the junior students what is to be done in a case of this nature? and the answer usually is, "put a bandage on it, of course;" whilst the experienced surgeon says, place the patient on the back and raise the heel, and the bleeding will cease. Now this is the plan you are to pursue, and many lives will be saved by this simple process. It is a very great pity that the public or, at any rate, that the police do not understand this, for by these simple means death may be frequently averted. Instead of putting on a bandage, just clap your finger on the ulcerated vein, place the patient on the back, raise the heel, and remove the garter. Position in surgery is a great point, and in no case is its importance better exemplified than in this. In operations about the lower limbs it is important to attend to this. In opening abscesses, or rather in dilating openings in the skin, you sometimes divide rather large veins, and they pour out a large quantity of blood which the patient cannot afford to lose; raise the heel and it ceases immediately. So also in the bleeding which comes from the prostatic plexus of veins; you had better try what elevating the pelvis will do before you resort to the unpleasant proceeding of plugging the wound.

Let us examine the philosophy of the practice. The venous blood in the *bursting* of veins in the lower parts of the body comes from that part of the vein nearest the heart, and not from the distal part; if it came from the latter, the practice would be positively injurious. But we know this is not so; and the same fact is illustrated in various diseases of the venous system. Thus in simple varix of the *saphæna* vein the vessel is dilated by the pressure of the blood from above; so also in varicocele the same rule applies, and the operations for the cure of these diseases are performed according to the principle I am inculcating. I cannot exactly say whether the internal jugular vein in the case before us was simply opened or completely divided, nor do I think it a matter of very great importance in the case. A simple opening in a large vein requires a ligature, which should only inclose the divided edges of the vein; but in a complete division of the vessel it should be wholly included. But as no ligature could be applied, I contented myself with the use of pressure aided by position, and the case succeeded. You will, however, bear in mind that, in regard to the large veins carrying the blood from the brain, the blood is carried downwards towards the heart, in which direction, in man at least, it is favoured by gravity; therefore the bleeding must here have come from above, and not from the lower part of the internal jugular; therefore the pressure was by the aid of sponge made in an upward direction, and the head was carried backwards and made dependent.

I cannot say that this case at all bears any especial reference to the phenomena of the cerebral circulation. If the notions formerly entertained on this subject were correct, it would be almost impossible for a patient to bleed to death from a wound of the internal jugular vein, as the bleeding would be restrained by atmospheric pressure. But although there are some peculiarities in the circulation of the brain, as in the closed condition of the skull, in the venous reservoirs in the dura mater (the sinuses), it is nevertheless proved to all practical intents that there is no difference between this and other parts of the body in regard to hemorrhage. The circulation of blood in a bone is very analogous to that within the cranium. And here all the bloodvessels are inclosed in a solid case of bone; yet we know that serious venous hemorrhage may occur here as well as elsewhere.—*Med. Times and Gaz.*, Aug. 9, 1862.

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Clinical Remarks on a Peculiar Form of Disease of the Jaw in an Aged Patient.—Familiar as he was with diseases of the jaw, and he had seen as many examples as most surgeons, here was an instance, Mr. Fergusson remarked, of disease he had never seen before or read of. About the middle of June the patient had called upon him with a letter from a friend. He noticed something wrong with his jaw, and, on looking into his mouth, he asked if he had a bit of potato in it. To his astonishment he found it was a growth upon the jaw. Some surgeons would call it fibrous; but it was a form of disease which he had never met with previously in this or any other part of the body. It looked like vegetable matter, or greatly elongated papillæ. He could not undertake to give it a name. It was something like malignant disease; and a question arose as to what ought to be done.

The friend who wrote to him (Mr. Fergusson) had operated several times. It would, perhaps, have been better to have removed the whole of the jaw; but he did not like to submit so old a patient to such an operation, for his age was eighty years. He selected a milder method, that of cutting the disease out instead of making a large wound in the cheek. He removed on this occasion (June 21st) probably the greater part of it, together with its base. It certainly was not unlike medullary disease. He thought he had succeeded in taking away the whole of it. If there should be any left, he expected to remove or destroy it by means of chloride of zinc. We shall see, Mr. Fergusson observed in conclusion, when the granulations spring up, the process the disease may take; and we must look upon the present case more as an instance of the curiosities of pathology than of surgery.

It may be remarked, that the disease was confined to the right side of the lower jaw, and looked like meat that had been macerated for a long time, and had become bleached of a pinkish white colour.

On the 12th of July it became necessary to repeat the operation; for although but three weeks had elapsed since the last occasion of removal, the tumour had grown very rapidly, and in general characters resembled its predecessor. It was cut away chiefly by means of curved forceps, and portions of it were scraped from the bone. With regard to the last, very little of it was left, and Mr. Fergusson mentioned that it was necessary to proceed with caution in such an old patient.

After remaining about another fortnight in the hospital, the patient left for the country. Up to this time there had been no further recurrence. The cicatrix was, however, touched with the chloride of zinc.—*Lancet*, Sept. 6, 1862.

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HOSPITAL NOTES AND GLEANINGS.

Excision of the Knee for Deformity—Recovery with a Useful Limb.—John M., a shoemaker, aged 25, was admitted into King's College Hospital on June 4, 1862. He is a strong, muscular man, and has had good health as long as he can remember. He lives in London. When he was two years old he had what he has been told was a "weakness" in his left knee, but he can give no account of the nature of the malady. At present there is no active disease going on in the joint, but the left leg is bent to nearly a right angle, so that he is unable to put the foot to the ground. The heads of the tibia and fibula are dislocated upwards and backwards, and the whole limb is much less developed than its fellow. Little or no movement of the joint can be effected. Accurate measurement from the great trochanter to the outer malleolus shows that the left leg is two and a half inches shorter than the right.

On June 14 he was placed under the influence of chloroform, and the joint was excised by Mr. Fergusson. A single transverse incision having been made, a wedge-shaped piece of bone was removed, which included the patella, the upper surface of the tibia, and a portion of the condyles of the femur. As some difficulty occurred in bringing the cut surfaces into apposition, another slice was taken off from both the femur and tibia, which allowed both bones to be brought into proper position. No vessels required to be tied, the edges of the wound were brought together by silk sutures, and the limb was fixed on an excision splint. On being taken to bed, the patient was seized with violent spasms in both legs, particularly in the one that had been operated on. It was with difficulty that he could be prevented from lifting his leg perpendicularly. At the same time there was some degree of opisthotonos, and the pain seemed to be excruciating. He appeared quite unable to control the movements of his legs. Ten grains of pil. sap. co. were administered immediately, and orders were given for five grains to be given if the pain should continue excessive. By these means he was kept tolerably easy, and sleep was produced.

When the dressings were going to be removed the spasms came on again, and it was found necessary to give chloroform. On one or two subsequent occasions the same means had to be adopted, but gradually as the pain decreased he gained more control over his muscles. After this he progressed favourably. The bones of the leg were in good position. A great part of the wound healed by the first intention, and there was a healthy discharge, which gradually diminished, until at the end of a month it had ceased altogether. The excision splint was now changed for a light back splint, and on July 19 the patient was allowed to get up and move about on crutches; in another week he was able to go out for a short walk. For a month longer he remained in the hospital, and no unfavourable symptoms occurred. Before he was discharged there was firm bony union, and he was able to bear a little weight on his leg.—*Med. Times and Gaz.*, Sept. 13, 1862.

Abscission of the Front of the Eyeball in a case of large Staphyloma Corneæ—Suture of the Sclerotic.—The two operations most commonly practised for large staphylomatous protrusions of the front of the eyeball, in order to enable the patient to wear an artificial eye, are, abscission of the offending portion, and enucleation of the entire organ. After abscission, a film of lymph spreads from the cut edges of the ocular tunics over the exposed surface of the vitreous humour, and, when all goes on well, granulation and cicatrization follow, the remains of the eyeball forming a good support for the glass eye, which prevents this sinking, and gives it a more free movement. But not infrequently the eyeball suppurates, healing is slow, and the stump continues during a long time tender and painful. In the case now described, the plan of immediately bringing the tunics together with stitches, practised by Mr. Critchett, with the object of lessening the tendency to suppuration by protecting the vitreous humour from atmospheric contact, and hastening cicatrization, was successfully employed.

H. S., aged 22, in October, 1859, inoculated her right eye with matter from an infant suffering with ophthalmia neonatorum. On the second day violent inflammation set in, and, in spite of a very active and judicious treatment, she recovered with an extensive staphyloma of the cornea, which after a few months had become so prominent that the eyelids could with difficulty be closed over it. The blemished eye now became painful, and seemed to distress the other. Soon after this, when she first came under my care, I found that, excepting a very narrow belt at its lower and outer border, the entire cornea was replaced by a dense white, conical scar. Through the small portion of healthy cornea left the iris was visible, and by looking very obliquely behind the scar a glimpse of the pupil could be caught. The entire retina was naturally sensitive, and she defined the flame of a candle held at the extreme right.

An attempt to arrest the progress of the staphyloma, and to improve sight by an iridectomy having failed, the front of the globe was cut off just behind the ciliary processes, and the gaping tunics were drawn together in a horizontal line by several fine silk stitches passed through the conjunctiva and sclerotic. In order to avoid having an angle at the ends of this line, the incision was carried a little farther back in the horizontal meridian. A week afterwards the stitches were removed, union had taken place, and an artificial eye was fitted. When this patient was next seen, a year afterwards, the illusion was so good that few unprofessional persons would have distinguished the artificial from the natural eye.—*Med. Times and Gaz.*, Aug. 9, 1862.

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Traumatic Tetanus after Fracture of the Forearm; Treated by Chloroform and Aconite; Recovery.—Among the remedies that have been tried to relieve the spasms of tetanus, chloroform is one that has been useful in some cases, and in others has proved of no avail whatsoever. Instances have been recorded where recovery has ensued when the inhalations have been persistently employed. In the case which follows we think that chloroform had much to do with the result, inasmuch as it helped to get the disease over a certain period, when its great force was spent; thus rendering it amenable to the effects of aconite. Tetanus followed on the fifteenth day of the injury, and the symptoms were of the most acute character. At first, calomel and opium were given without any decided benefit, although the opium in grain doses was swallowed every four hours. Then the chloroform was tried, as detailed in the notes of the case, and, it must be admitted, with great relief for a time; nevertheless it did not wholly remove the rigidity, which was continued in the abdominal muscles. After eleven days' trial the tincture of aconite was substituted, and the patient's health was restored. The nervous system had been rendered more susceptible to the effects of the aconite, for the symptoms rapidly subsided; and in four days the muscular rigidity, and in seven the pain, had wholly disappeared. The tetanic symptoms had been present seventeen days when the last remedy was employed.

It would be well to remember, in similar cases, that when chloroform is pushed to the stage of anæsthesia the patient's sufferings are lessened, and it gives time to employ other remedies; but experience has shown that it is a loss of time merely to allow the inhalation of a few minims at intervals. The tremendous power of the spasms should never be overlooked.

George D——, aged fourteen, of Shepherd's-bush, the son of a coal porter, was thrown from a horse on Sunday, May 18th, 1862. He was immediately conveyed to St. Mary's Hospital, where it was found that he had sustained a compound fracture of the lower third of the right forearm, which was duly attended to by Mr. Young, the then house-surgeon, and put up in splints in the usual way. He was then taken home.

He progressed favourably up to the evening of June 2d, when his mother observed, whilst he was at breakfast, that he had some difficulty in opening his mouth, and was almost unable to swallow. He was then conveyed to the hospital, and admitted into the accident ward. He was ordered, by Mr. Coulson, calomel with grain doses of opium every four hours. At this time the fracture had not completely united; a wound on the inner side of the forearm, about its middle, was still open, but looked healthy; it was healing by granulation, and was about two inches long.

On the evening of June 3d, during the frequent spasms, the ends of the fractured bones became displaced; these proved difficult to reset, as the boy could scarcely bear to be touched.

During the next few days the spasms continued with increased frequency and violence; the rigidity of the muscles of the face, back, and lower extremities became alarming, and the symptoms of tetanus in its acute form were fully developed. He was now placed under the influence of chloroform for the period of twenty-four hours, kept up continuously by succeeding attendants, with favourable results, for the paroxysms were less severe when they recurred; the rigidity of the muscles of the extremities and the involuntary evacuation of the urine and feces became less, although the abdominal muscles remained rigid and highly tetanic up to the 18th, when it was believed the chloroform had lost its anti-tetanic power. The patient had consumed altogether about sixty ounces of the drug during the period of its inhalation. Its administration had been suspended at short intervals, to allow the boy to take some beef-tea and a little brandy.

On the 14th he complained of pain all over his body; on the 15th, 16th, and 17th the rigidity of the limbs was much less, and he was allowed intervals of half an hour between awakening and the renewal of the chloroform.

On the 18th five minims of tincture of aconite were ordered by Mr. Coulson every four hours, with good effect, as the spasms became less severe. The dose was doubled on the 21st, and by the next day the muscular rigidity had wholly disappeared. By the 25th he was free from all pain, and the fracture was now united without any deformity. The wound was healed on the 28th, and he shortly afterwards left the hospital quite well.—*Lancet*, Sept. 6, 1862.

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Abortion after Tapping an Ovarian Cyst; Ovariotomy five months afterwards, when the Uterus was found to contain a Second Dead Fœtus; Fatal Result.—On the 28th of August the operation of ovariotomy was performed by Mr. POLLOCK at St. George's Hospital, upon a married woman under the influence of chloroform. The history was as follows. About nine months ago she first noticed a swelling in the left side of the abdomen, which rapidly increased in size. This was found to be an ovarian dropsy, and the distension was so great that four months afterwards she was tapped for the first time, and shortly after this she aborted. Subsequently, within the last six weeks, the abdominal distension was so great that she was threatened with suffocation, and underwent a second tapping; this was five weeks before she was submitted to any major operation. Notwithstanding the relief afforded by the second tapping, the belly again began to increase in size, and produced considerable distress. It was therefore determined to give her the chance of radical cure by removing the ovarian tumour, especially as the dropsical accumulation was not only increasing after each tapping, but would very soon exhaust the patient by pressure upon important organs. The patient at the same time was most anxious to undergo any operation that held out a prospect of saving her life.

Mr. Pollock made an incision about six inches long, and thereby exposed the surface of the ovarian tumour; which was found to be multilocular, with one large cyst in front; this was tapped with a trocar and canula, and as it became evacuated of very gelatinous fluid, after the adhesions (which were not very firm) had been broken up, the tumour was gradually drawn outwards. Some further adhesions were now broken up with the hand, and the pedicle of the cyst was exposed. It was now tied, first with a wire and then with a double whipcord ligature, and divided.

From the numerous cysts of which the tumour was composed—many of them extending in different directions—it was presumed that all were wholly removed, as one after another was drawn out of its bed. It was discovered, however, that another fluctuating tumour became immediately prominent; and as it had the tremulousness and appearance of the other growths, it was believed to be an ovarian tumour springing from the right ovary, and really seemed to be so on examination. It was consequently tapped, and clear fluid flowed out. On attempting to lay hold of it, it was found to be a gravid uterus, containing a dead fœtus; it was, therefore, not interfered with beyond closing the wound in the uterus with silver sutures.

There was very little hemorrhage attending the operation—perhaps three or four ounces of blood were lost. The abdominal wound was now closed by ligatures, with the ends of those attached to the pedicle hanging out of the lower end of the wound, and the patient conveyed to her bed.

Towards evening she was seized with pain, and aborted, the child and placenta coming away. This did not produce the amount of depression that was expected, although she was weak. Next day she was free from pain, and perfectly quiet. In the evening she expressed herself as feeling pretty comfortable; but during the night she became very low, and quietly died. No post-mortem examination was permitted by the patient's friends.

In some clinical remarks made by Mr. Pollock, which embodied the early history of the patient, he stated that the case was one of extreme interest; for although the adhesions were diffused and not very considerable, yet they were separated without much bleeding or great difficulty. The tumour, he said, was multilocular, with one very large cyst containing much highly gelatinous fluid; the pedicle was connected with the left ovary, and was in itself almost a small cyst. Having removed the tumour, he came upon another mass, which proved to be the uterus with a dead child, and containing besides a quantity of fluid. It so closely resembled a cyst, that he, as well as his colleagues, thought it was another ovarian cyst involving the opposite ovary; and on tapping it, out came a transparent fluid, and then some venous blood. Every precaution had been taken before the operation to ascertain the condition of the patient. Considering that she aborted five months before, it was probable, he observed, that there was a second fœtus which was not expelled at that time. The operation, as far as it had gone, was a sort of Cæsarean section, but he did not feel justified in proceeding further, and thought it better to let Nature take her course and the child come in the usual way. The prognosis he looked upon as necessarily most serious.—*Lancet*, Sept. 6, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Hancock's Operation in Subacute Glaucoma.—Dr. Agnew related to the New York Medical and Surgical Society (May 4, 1861), a case of subacute glaucoma in which he had performed Hancock's operation. The patient at the time of the operation could not distinguish a champagne glass. Twenty-four hours after the operation he could distinguish a latch key, soon after a watch key, and at the end of a week could read ordinary type. At the New York Eye Infirmary Hancock's operation is preferred to Graefe's as avoiding deformity.—*Am. Med. Times*, Aug. 2, 1862.

Excision of Nerve in Neuralgia.—Dr. Markoe related to the New York Medical and Surgical Society (June 1, 1862), a case of a clinical patient on whom he operated for tic-douloureux, by the removal of a portion of the inferior dental nerve. The man had suffered during a period of ten years, several attacks annually. During the past two years his sufferings have been almost without cessation, and aggravated occasionally by very severe paroxysms. Section of the supra-orbital nerve had produced little or no effect; the mental nerve had also been divided without relief. The pain had lately become localized in the mental and dental branches—occasionally radiating to upper branches. A removal of a portion of the dental nerve was advised. This operation was performed. The bone was laid bare and chiselled so as to expose the canal of the inferior dental nerve. One inch of the nerve was removed. It seemed congested and considerably hypertrophied, but microscopic examination did not detect any change of structure. The relief of the pain was almost immediate. He has had but one slight paroxysm of pain since the operation, six weeks ago, and is now well enough to return to his occupation. Dr. Markoe thought the case remarkable for the rapid subsidence of pain after the operation. The sensibility of the jaw is being gradually restored.

Dr. Parker, in connection with the discussion that followed, related a case where he removed an inch and a half of the posterior tibial nerve for neuralgia, affecting the ramifications of this nerve in the foot. The pain subsided for a time after the operation, but returned. The limb was then amputated. The specimen, which is now in the museum of the College of Physicians and Surgeons, shows that the continuity of the nerve was restored after the operation, either by the formation of nerve or of substance capable of performing the function of nerve.—*Am. Med. Times*, Aug. 9, 1862.

Sanitary Condition of the Southern Army.—[The *Medical Times and Gazette* for Aug. 30th contains a complimentary notice of a Manual of Military Surgery, by Dr. J. J. Chisolm, of Charleston, S. C., and some extracts from it are given. Two of them we quote from that Journal, as we have not yet seen the work itself.]

"Days passed without the use of water, and filth and vermin soon reigned triumphant. One of the strongest reasons why regulars enjoy better health than volunteers is that the one are daily inspected by their officers, who insist upon their faces being washed, head combed, etc.; whilst the volunteers, with whom the regulations of a strict discipline are not enforced, are allowed to abuse the privilege of following the bent of their own inclinations. It is deplorable to see the condition of our best society in camp. In the Confederate Hospitals it was not rare to administer the first bath to volunteers who had been six months in service without ever having used water beyond their faces.

"Gentlemen who composed our volunteer regiments would not be ordered to these ditches [latrines]; and as the officers did not insist upon what the men objected to as unnecessarily troublesome, the result was that, with but few exceptions, our regimental camps were accumulations of filth of every description, which could be smelt at a distance whilst approaching them. It was not surprising that disease and death followed in the wake of such indifference to all laws of decency and hygiene.

"For months, we learn, the roads in the vicinity of Manassas, where the army of the Potomac was stationed, were nearly impassable, and transportation was so exceedingly difficult, that the army suffered severely for want of food. Had the troops been ordered to work the roads instead of loitering for months in camp, the service would have been materially advanced."

[The above extracts show a shocking neglect of hygienic rules and its fearful results. The picture can hardly be supposed to be too highly coloured.]

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Boylston Prize Question.—At the annual meeting of the Boylston Prize Committee on the 6th of Aug. last, the prize of sixty dollars or a gold medal of that value was awarded to Francis Minot, M. D., of Boston, for the best dissertation "on nausea and vomiting, as symptoms; under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?"

FOREIGN INTELLIGENCE.

Death from Chloroform.—Last week an inquest was held at King's College Hospital by Mr. Bedford, on the body of Elizabeth Freed, aged seventeen. She was admitted in consequence of injuries received from a fall, and was suffering from a sphacelated wound. An operation being necessary, she was submitted to the influence of chloroform, which, as the patient was of a nervous temperament, was administered with great caution, in a short time after which she died. It appeared that she suffered from fatty degeneration of the heart. The verdict was given accordingly, with the remark that the chloroform was properly administered.—*Lancet*, Sept. 6.

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Extirpation of a Diseased Eye to preserve the Healthy one.—This operation M. Sichel, the eminent Parisian ophthalmic surgeon, believes to have been latterly greatly abused. He says, "It is undoubtedly true that a disease in one eye may at least affect the healthy eye; but affections of this nature very often depend upon constitutional causes; and, when this is the case, it happens that the healthy eye becomes at last affected as the result of the diseased constitutional conditions. The extirpation of the eye primitively affected cannot in any way cut short the influence of these constitutional causes upon the healthy eye. The general affection of the body was the original cause of the ocular disease, and is also the cause which keeps up the disease; and the right treatment therefore, for the preservation of the healthy one, is to attack by therapeutics the general affections. M. Sichel also remarked, that his observations of the good effects of general treatment in diseases of the eye had often led him to combat the too frequent tendency to surgical operations in these diseases."

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Influence of a First Impregnation on Succeeding Offspring of Mother.—Mr. Bullock Webster, writing to the *Times* from Algiers, on the subject of marriages of consanguinity, confirms the well-known facts of the influence of a first impregnation on the character of all succeeding offspring by the same mother. "The system," he says, "of breeding in and in, as far as my experience goes, even in what may be considered the finest bloods, has always produced greater aptitude to fat, small bone, and tendency to disease. Clever physiologists may account for this, but I should like to know how they can explain this one significant fact, viz., that an Arab mare that has once had a colt by a half-bred horse can never again breed a pure Arab; the colts, even after any number of years, always taking, to some extent, after the horse she first bred by. The same rule holds good with regard to all our breeds of short horns or Hereford cattle, Leicester or Southdown sheep, Fisher Hobbs' pigs or his pointers."—*Med. Times and Gaz.*, Sept. 6, 1862.

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Births and Deaths in Berlin in 1861.—During the year 1861 the number of births amounted to 20,777 (10,704 boys and 10,073 girls), and that of the deaths to 15,177 (7981 males and 7196 females), consequently giving a balance of 5600 individuals towards the increase of the population of the city. This population at the end of 1861 amounted to 547,290 souls, viz., 524,945 civilians and 18,540 soldiers and their connections; so that during that year there occurred 1 birth for every 26 inhabitants, and 1 death for every 36. Among the births there were 3355 (1775 male and 1580 female) illegitimate children, *i. e.*, 1 illegitimate in 6.19 births. Among the deaths were comprised 972 (552 male, 420 female) infants born dead, 267 (154 male, 113 female) being illegitimate. Twins occurred in 273 instances, and triplets in three instances.—*Med. Times and Gaz.*, Aug. 23, 1862, from *Med. Zeit.*

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Human Remains of Remote Antiquity.—At the meeting of the Ethnological Society, held on the 1st inst., Mr. Mackie described the human remains found at Markham, in the Valley of the Trent. The skull possesses very peculiar characteristics, and belongs to an extinct and pre-historic race of men. Its most remarkable feature is the unusual direction of the foramen magnum. The direction of this plane, indicating an approach, though in a very remote degree, to the head of the gorilla and the chimpanzee, leads to the inference that the individual to whom it belonged was possibly not completely erect in his carriage. The other human bones discovered, including those found at the Heathery Burn Cave, belonged to the same pre-historic race of men.—*Ibid.*

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Preventable Illness.—Dr. FARR calculates that there are every year over 100,000 premature deaths in England, and more than 1,000,000 persons who suffer from serious illness, also the direct result of the neglect of the laws of health.—*Lancet*, Sept. 6, 1862.

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Cholera in India.—Cholera was raging at Peshawur at the latest date among Europeans and natives; it was also spreading in the north-west provinces. At Shanghai the disease has been prevalent, but according to the latest advices was abating, although the weather is reported to be fearfully hot.—*Ibid.*

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The Atmosphere and the Circulation of the Blood.—Dr. WANNER has communicated to the French Academy an abstract of experiments tending to prove that the atmospheric pressure is indispensable to the circulation of the blood.—*Ibid.*

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Vegetarianism.—[The advocates of this vagary in London, it seems, have been making an effort to obtain converts to their unphysiological and absurd notions. The folly is thus happily hit off in an editorial in the *Med. Times and Gaz.*, Sept. 13th, 1862.]

"Great undertakings have small beginnings. About a hundred ladies and gentlemen have lately met at the Crystal Palace with the avowed intention of changing the whole human species from omnivores into herbivores, and, by that means, of spreading universal peace, goodwill, and happiness. The idea, although not entirely new, is sublime and suggestive. Mr. Darwin alone is capable of foretelling the anatomical, physiological, and psychical transmutations which may be expected to result. We know not yet what we shall be. Another development of Bimana may be expected, not, however, by the natural selection of individuals, but simply by an unnatural selection of vegetables. In time we may perhaps obtain the capacious cœca of the perisso-dactyles, our appendices vermiformes may become expanded, or, at least, our stomachs may become endowed with the complexity of that organ in the Ruminants. Our teeth would not require much alteration, for, according to Prof. Owen, they were evidently formed, in the first instance, to masticate 'the fruits of the garden.' One of the lines of distinction which has so long divided us from our dietetically wiser subordinates, the frugivorous apes, will be demolished, and our muscles may again rival the thews of the gorilla. Really a grand future opens on us. Of course a few truths, chemical, physiological, pathological, and historical, must be ignored, and the natural instinct of man to eat what is best for him must be overcome; but what of that? The apostles of vegetarianism have an unwavering faith, and what cannot faith do? Cattle markets will be of no more use than Roman amphitheatres, and the butcher and surgeon will disappear together. The report tells us that the non-progress of vegetarianism during the last ten years has been simply owing to the ferocity of spirit created and perpetuated by the Russian war, which to this day has in no degree abated. 'While men were engaged in encouraging, without compunction, and even with studied delight, the destruction of human life produced by war, it was useless to expect any consideration towards the lower orders of animals.' It might be objected that M. du Chaillu's simian antagonists are somewhat more ferocious by nature than the omnivorous dog, and that even certain cannibals are by no means bad sorts of fellows—when they are not hungry. But what we want to know is, supposing that universal man gave up slaughtering for food, how is the increase of other vegetable feeders to be checked? Vegetarian society, in self-defence, would have to import lions and crocodiles, or it would soon find its markets empty. Seriously, the fancies and vagaries of mankind on the subject of diet might reasonably furnish our mental nosologists with a new variety of insanity. Even in the nineteenth century can the force of folly go further?"

Army Mortality.—The reports of the health of the Prussian army have been recently published. They show that in that army only 1 died out of every 144, being barely 70 in every 10,000 men. This includes suicides, accidents, and invalids. Without the former two classes the mortality was 1 in 166; and deducting also the invalids, 1 in 187. According to the locality, some remarkable differences in the mortality are pointed out. Thus the 1st Army Corps, which was in the Province of Prussia, lost 1 in 91 in the year 1860; the 8th Corps, in the Rhine Provinces, lost 1 in 289 in the same year, or less than one-third of what the 1st Corps lost. The like difference is said to be habitually found in the bills of mortality of the population of those two districts of Prussia. The mortality in the other European armies is stated as (in 10,000 men), in the Russian, 390; Austrian, 280; French, 190; Piedmontese, 160–170; English, 150; Belgium, 143. Then comes the Prussian army, the Danish and Saxon armies being about on an equality with it in this respect. This comparison is accompanied by the remark that a very short term of service has probably a tendency to diminish the rate of mortality in an army. —*Lancet*, Aug. 30, 1862.

Malignant Sore-throat.—The Registrar-General for Scotland reports that, in the second quarter of this year, ulcerated sore-throat and diphtheria were remarked in scattered localities; and that in Mid and South Yell (Shetland), the sore-throats were accompanied by an affection of the hands, which raises the suspicion that sore-throat and diphtheria in the human subject is but a variety of that epidemic disease in cattle known by the name of murrain or epizootic aphtha, characterized in them by the aphthous and ulcerated mouth and sore hoofs. An intelligent veterinary surgeon has brought under notice a few cases in which it was very clearly established that the milk of cows affected with murrain caused aphthous mouths and diphtheria in children, and fatal aphthæ, terminating in ulcerous affections of the mouth, throat, and windpipe, in the case of pigs.—*Ibid.*

An Enterolith Weighing Nineteen Ounces.—We find, in the *Gazette Hebdomadaire*, an account of this case, given by Dr. de Toca. The patient was a lady, aged 45, in whom a tumour appeared in the right hypogastric region, and attained, in the space of five years, the size of a full-grown fœtus's head. When small it had fluctuated and yielded some pus on being incised. At last, when the tumour had reached the size just mentioned, and fistulous tracts had formed, it was thought advisable to remove the foreign body, which had long before been ascertained, by probing, to be of the petrous kind. The fistulous tracts were slit open, and after the mass, which was largely adherent, had been carefully detached from the viscera, it was removed, and found to weigh nineteen ounces. Its layers were concentric, and composed of phosphate and carbonate of lime, mixed with some fatty matter, the nucleus consisting of scybala. The patient died of peritonitis seven days after the operation, and no post-mortem examination was obtained.—*Ibid.*

Medical Schools of Canada.—The *British American Journal* for March last, gives the following list of students in attendance during the past winter at the several medical schools of the Province:—

School of Medicine, Toronto, C. W., .	91
Ecole de Médecine, Montreal, C. E., .	54
Victoria College, Faculty of Medicine in Toronto, C. W., . . .	95

Queen's College, Faculty of Medicine in Kingston, C. W.,	81
Laval University, Faculty of Medicine in Quebec, C. E.,	35
McGill University, Faculty of Medicine in Montreal, C. E.,	154

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Overwork of Railroad Employees.—[We call attention to the following statement in regard to an evil which exists in this country as well as in Great Britain, and which equally here demands legislative interference for its correction. It can scarcely be a matter of surprise that accidents should occur on railroads, if those employed in their management have their powers of endurance so overtasked as to entirely prostrate their mental and physical energies.]

"The infliction of excessively long hours of labour on the engine-drivers and firemen of many of the railways was established as an apparent grievance to the men, and a palpable cause of danger to the public, by the investigations of the *Lancet* Commission on the Influence of Railway Travelling upon Public Health. By the inquiries instituted by that Commission, and from statements made at the private meeting which it summoned of railway servants, it was found that those hours were substantially beyond the endurance of ordinary constitutions, and that both the men and the public suffered in consequence. Since the publication of these reports some of the railway companies have made important and beneficial concessions to their officials; but there still remain so many which maintain the system in some of its worst features, that the services of Mr. Cobbett in obtaining parliamentary condemnation of the evil which we exposed will be very valuable. On Monday he called attention to the subject in the House of Commons, and showed that there are still seven railways, including the Great Western, and the Lancashire and Yorkshire, on which the men are worked for an average of from 14 to $16\frac{1}{2}$ hours out of the 24. In some instances men had worked 26 and 28 hours consecutively. He stated truly that he could prove instances before a committee in which men have been at work for no less than 56 hours in three days, and of men working for $19\frac{3}{4}$ hours out of the 24, with only an interval of $2\frac{1}{4}$ hours for rest. These cases were elucidated and brought out in the report,[1] and are only a few of many which might have been quoted. Mr. Milner Gibson was evidently very incorrectly informed. Next session, if there be any necessity for a renewal of Mr. Cobbett's motion, more accurate information will be expected from the President of the Board of Trade."—*Lancet*, July 26, 1862.

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Gorilla.—Several specimens of gorillas, one of which, it would appear, is the largest which has yet been seen in this country, have arrived in Liverpool. The femur of the largest is $16\frac{1}{4}$ inches in length, being 2 inches longer than the femur of the largest skeleton in the British Museum, and very much larger than M. Du Chaillu's. The animal, when alive, must have measured 6 feet in height.—*Lancet*, June 7, 1862.

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The New Process for Preserving Meat from Putrefaction.—This process, shown at the Exhibition, is to extract the atmospheric air by means of a vacuum, and then to admit nitrogen or azote. This permeates the substance of the flesh, and prevents the putrefactive change which would otherwise ensue.—*Ibid.*

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Quadruple Birth.—The wife of Mr. H. Graham, of Mitcham, has been safely delivered of three fine children—two boys and a girl. A fourth was still-born.—*Lancet*, June 7, 1862.

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Longevity.—During the year 1860, 22 men and 47 women died aged 100 years and upwards.

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OBITUARY RECORD.—Died in Edinburgh July 30th, 1862, aged 80 years, Dr. THOMAS STEWART TRAIL, Professor of Medical Jurisprudence in the University of Edinburgh. He lectured until within a few days of his death. He was a man of extensive acquirements and considerable versatility. He was the author of an excellent work on *Medical Jurisprudence;* and employed the leisure of the last years of his life in editing the eighth edition of the *Encyclopædia Britannicæ.*

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[1] The Influence of Railway Travelling on Public Health, p. 10 *et seq.* Reprinted from the *Lancet.* London: Hardwicke.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Scarlatina and its Sequelæ.—By T. HILLIER, M.D., physician to the Hospital for Sick Children. (Continued from page 209.)

I will conclude by a few words on *Treatment.* In estimating the effects of treatment, it is very important to remember that in this, as in many other diseases, some cases are so severe that no treatment will prevent death; that other cases are so mild that they will recover even if left to themselves, or badly treated; whilst a third set of cases of intermediate severity, if well treated, will recover, and the speed and completeness of their recovery will be influenced by the mode of treatment; but the same cases, if injudiciously treated, will not recover at all, or recovery will occur only after more protracted illness, and with greater damage to the constitution.

Fully to judge of the value of our treatment, we ought to know how similar cases progress if left to themselves; this our homœopathic neighbours, if they practise as they profess, might give us an opportunity of observing. We may, of course, learn much by comparing cases treated on one plan with others treated on a different plan; but here, too, we must be careful to compare cases of equal severity, and as nearly as possible alike. We have not arrived at any specific antidote to the poison of scarlatina by which we can either prevent its taking effect, or counteract its influ-

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ence when in operation. As a preventive belladonna has been vaunted, but it has not stood the test of careful experiment. We know of no means of prevention but the avoidance of exposure to the infection.

This disease is frequently spread in public schools by children convalescent from the disease returning too soon after their illness to associate with other children; it is also not uncommonly spread by patients conveyed in cabs and other public vehicles. Medical men should always wash their hands after touching a case of scarlatina, and, if possible, walk some time in the open air, and change their coats, before seeing other children.

Some future Jenner may discover that the inoculation of a disease bearing the same analogy to scarlatina which cowpox does to smallpox, will prove a protection against it. At present all we can do is to combat symptoms as they arise, and help Nature to get rid of the poison. Mild cases of scarlatina require but little medical treatment. The patient should be kept in bed for a fortnight, and not allowed to leave his room for three weeks; the diet should be bland and simple (animal food being forbidden); the bowels may be regulated by mild aperients; the skin may be sponged frequently with tepid water; and the bedroom should be kept cool and well-ventilated. Some simple saline medicine may be given. The plan adopted in this hospital instead of sponging, has been to anoint the whole surface twice a-day with suet. It is grateful to the patient, relieving the sense of tingling and burning heat which is frequently complained of. During convalescence the use of warm baths is indicated. If desquamation is active the hot-air bath is very useful in combination with warm water baths. This measure is especially desirable if there be albumen in the urine and anasarca.

In severer cases, quite at the outset an emetic of ipecacuanha should be given, and if the tongue be much coated an aperient dose of rhubarb and sulphate of potash may follow at the end of twelve hours. In the malignant cases, with much depression and sensorial disturbance from the first, the emetic and aperient should be omitted. In these cases, I believe, the best medicine to give is the sesquicarbonate of ammonia; and to promote the action of the skin, it may be combined with a good dose, one or two drachms, of liq. ammonia acetatis. The carbonate of ammonia may be given in doses of two, three, four, or five grains, according to the age of the child, and with frequency proportioned to the severity of the case.

In cases where the nervous symptoms predominate, such as delirium and convulsions, and the heat of skin is very great, a remedy has been recommended, which I have only tried once, but on that occasion it certainly seemed to do good. It was first recommended by Currie, and has since been occasionally praised by others; it is spoken of very favourably by M. Trousseau. I refer to cold affusions. They have been less frequently resorted to than they probably otherwise would have been, owing to the apparent boldness of the practice, and its running counter to popular prejudice on the subject. Trousseau says: "For a long time I have employed these affusions. I declare to you that I have never administered them without deriving from them some benefit. I do not pretend that all my patients have been cured; those who have died have experienced temporary relief; the affusion, far from being injurious to them, has always moderated the symptoms, and has always appeared to retard the fatal issue." He then quotes several very severe cases in which this practice was attended with apparently the greatest benefit, and the patients made favourable recoveries.

His mode of proceeding is as follows: The patient is placed in an empty bath, and there are thrown on him three or four pails of water of a temperature from 68° to 77° Fahr. The patient is immediately afterwards wrapped in bedclothes, and placed on the bed without being wiped, but suitably covered up. Generally reaction is established before fifteen or twenty minutes have elapsed. The affusions are renewed once or twice in twenty-four hours, according to the gravity of the symptoms.

The benefits derived from this treatment, according to Trousseau, are a reduction of the frequency of the pulse, a lowering of temperature, a cessation of delirium, and a diminution of the patient's restlessness and general distress. He also states that it usually renders the eruption more vivid, and never has the effect of "striking in" the rash, as it is called.

In the case in which I employed it there had been delirium and restlessness, and great heat of skin; there was no rash. The affusion was practised with water at a temperature of about 80°. The patient expressed herself as feeling much more comfortable a few minutes after the treatment; the temperature three hours later was nearly as high as before, but the skin did not feel so pungent or so dry. From this time the patient continued to improve without an unfavourable symptom. It is true that the treatment was here applied about a date when improvement frequently occurs—namely, on the sixth day of the disease; but I confess that I have not often seen a case suddenly take such a decidedly favourable turn on any other plan of treatment. I intend, when another suitable case presents itself, to make a further trial of this remedy. As originally practised by Currie, the water used was of a lower temperature (the coldest he could procure), and affusion was repeated every two or three hours if the patient's symptoms called for it. Where the heat of skin was not so great, tepid water was used. This remedy is not applicable to cases where reaction is not well established, as in cases of extreme malignancy. The wet sheet I have tried in two cases, with satisfactory results.

As the fever subsides, and the patient is left languid with a pulse soft and slower, and skin cool, quinine is very useful.

The throat, if much involved, will require treatment. For mild cases a gargle of lemon juice and honey is agreeable and useful. For redness and swelling the use of chlorate of potash in solution (eight or ten grains to the ounce) is advisable, either as a gargle, or, if the child be too young, as a wash to be injected into the mouth with the patient sitting up. If there be much swelling, the employment of tannin, either by insufflation as a powder, or in solution as a wash, is beneficial. Ice may also be given with benefit. If the tint be somewhat livid and dusky, tincture of capsicum may be advantageously added to the gargle. This remedy is strongly recommended internally by some writers on malignant scarlatina. Externally it is well to keep warm-water dressing, a bran poultice, or spongio piline around the throat. If the nose and mouth become clogged, it is important that they be syringed out frequently with warm water, or soap and water, followed by a weak solution of sulphate of copper in a few days, to prevent obstruction to respiration. If the secretion is thin and acrid, lime-water is best. In some cases, where the pulse is soft and frequent, and there is much depression, it is well to give wine from the first; and very often about the fifth day, when the tongue becomes dry, and the pulse becomes weak and falls in frequency, wine will be required if it has been withheld before. The effect of stimulants on the urinary secretion should be carefully noted, and if there be albumen in the urine, and a notable reduction in the quantity of urinary solids, they must be withheld. When there is much swelling of the neck coming on after the first week of the fever, stimulants are, I believe, indicated, and poultices should be applied externally. No good has been derived in these cases from the use of leeches. If matter forms early, lancing is desirable. For albuminuria or hæmaturia, with or without dropsy at the commencement, the great indication is to obtain a free action of the skin. This may be generally secured by small doses of antimonial wine with liquor ammoniæ acetatis, and the employment of the hot-air bath every night. It is well, too, to act on the bowels every second or third day by the use of compound jalap powder. Diluents, such as barley-water, toast-and-water, should be freely given. If there be much fever, and a tolerably firm pulse at the onset of the renal symptoms, cupping to the loins will probably be of service, and in any case dry cupping will do good. As the fever subsides, if the urine be tolerably abundant and of good specific gravity, but still contain albumen, the use of benzoate of ammonia, in five grain doses, seems to be of use; or if this fail, the tincture of the sesquichloride of iron will generally be of use. Sometimes it will be necessary to suspend these remedies, owing to an increase in the albumen and a smoky colour of the water with a scantiness in amount, and to return to the hot-air baths and diaphoretics. The only diuretics besides benzoic acid that are allowable in this affection are, I believe, diluent drinks and digitalis, which appear to be of service when the pulse is quick and heat of skin considerable. Never rest satisfied or think your patient out of danger so long as albumen or still more blood remains in the urine; at any time while this lasts, one of the secondary inflammations or convulsions may set in, and rapidly carry him off.

If convulsions occur, and the patient be not previously very anæmic, bloodletting must be resorted to once and to a good quantity. This may be followed up by dry-cupping to the loins, hot-air baths, and compound jalap powder or elaterium. Trousseau recommends large blisters to the legs; most English authors forbid blistering in any shape, from the fear that cantharides will act injuriously on the already impaired kidneys. They have been so frequently used beneficially, that this theoretical objection to their employment need not, I think, have much weight. I am not aware that their use has ever been followed by increase of the renal symptoms.

If pleurisy set in, or pneumonia, I advise cupping, with or without the knives, according to the force of the pulse; and the subsequent cautious employment of calomel in small frequently-repeated doses. Here, again, I run counter to a commonly-received doctrine that calomel should not be given in albuminuria; my experience, however, inclines me to believe that in the early periods of nephritis, before renal degeneration has much advanced, there is no risk but positive benefit from its use. If there be much restlessness or distress, the calomel should be combined with Dover's powder. At the same time liq. ammoniæ acetatis and, if the pulse be firm, small doses of antimonial wine may be given. In peritonitis, I believe that opium, with very small doses of mercury, is the sheet anchor. In one very severe case, in which a lady had scarlatina immediately after parturition, followed by peritonitis, the recovery appeared to be entirely due to the use of opium in full doses, combined with small doses of gray powder, until the gums were slightly affected.—*Med. Times and Gaz.*, June 28, 1862.

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Clinical Lecture on Scirrhous Cancer of the Breast.—By James Paget, F. R. C. S. The present lecture was devoted to the consideration of the reasons for operating in mammary cancer, and the grounds on which to select appropriate cases.

Mr. Paget remarked that some recommend operation in nearly every case, and some will operate in none. Both have some truth in their arguments, both have much that is good in their practice, but it is possible to obtain the good of both sides without adopting the too general rule of either. There can be no doubt that the greatest measure of good may be done by making a careful selection of cases fit for operation and rejecting all the rest.

It is necessary to consider first what are the objections to the operation, and to—

1. The excision of the breast. They are chiefly, and almost alone, that the patient may die in consequence of it. Mr. Paget believed that in any large number of cases, even of those selected with some care, it may be feared that one patient in every ten will thus die, of pyæmia, or erysipelas, or tetanus, or secondary hemorrhage, or some calamity following the operation. And this must be no trivial consideration, for in every such case the operation destroys in a week or two a life which, but for it, might have lasted as many years.

Nor, according to some, is this all: for it is said that when the disease returns after operation it makes so much more rapid progress than if it had been left alone, that the operation shortens the lives of even those whom it does not kill outright. It cannot, perhaps, be denied that this may be true of some cases in the selection of which no judgment is exercised; but, on the whole, taking the results of some hundreds of cases, it is certain that the average duration of life in those operated on is not less than in those in whom the disease runs its course: rather, in well selected cases it will be found always greater. In a recent tabulation of hospital and private cases, 85 cases operated on lived an average of 55.6 months, and 62 cases not operated on lived an average of 43 months. And some such proportion as this will probably be always found.

It has been objected, too, that the recurrent disease, even if not more rapidly fatal than the uninterrupted disease would be, is more painful. But this is certainly not generally true. In very many cases—in the large majority—the recurrent disease is much less severe than the continued disease would, in the same time, have become; it is only in a very few that we can fairly expect it to be worse. It can scarcely be urged that the pain of the operation or of its consequences is an objection; for, with chloroform, the pain of the one is null, and, with simple dressing, that of the other is really trivial. It may, therefore, be safely held, that the only material objection (but it is a very serious one) to the operation is, that a patient runs a risk of one in ten of dying from it; in other words, it is only about nine to one that she will recover from the effects of the operation.

What, then, does the operation offer that can make it advisable for a patient to incur this risk of dying? Does it offer to any one a reasonable hope of an indefinite prolongation of life, and freedom from the same disease? No; the recurrence of cancer of the breast after operation may be held to be as certain as anything in surgery. The question is thus narrowed; we must in every case expect the recurrence of disease; and this is likely to occur at such a time after the operation that, speaking generally, and on the average, the patient will not rarely die of cancer nearly as soon after the operation as if the disease had been left to its own course.

Can it, therefore, be reasonable to submit a patient to the risk of dying within a month, perhaps in a week, for the sake of that interval of health which will or may exist between the operation and the recurrence of the disease, and for a good probability of adding a year to life, and of having a less severe disease? The answer must depend, chiefly, on the probable length of this interval before the recurrence. The average is little more than thirteen months; more than one-half return within twelve months; about two-fifths return within six months. Is this average worth the average risk of life? Consider, when no operation is performed, the pain and anxiety—the pain likely to increase daily—the misery of waking every day to the consciousness of an incurable disease; the sometimes loathsomeness; the restlessness for cure; —cure, such as there are never wanting dishonest men to promise. The average expectation of such relief seems worth the average risk, but not more. Look well, therefore, to the general condition of patients before deciding.

The average interval between the operation and the return of disease is, as has been said, about thirteen to fourteen months; but the extremes, between which the average is drawn, are very wide apart. In some cases the return may be within three months; in some not for ten, twelve, or more years.

It is, therefore, of great importance to be able to decide in what cases the risk of life is greater, and in what the probability of speedy return of the disease is greater, than the average.

For the first, there are no other rules for cancer than for other cases requiring large operations. These are some of the "doubly hazardous": The old, after 60; the very large-breasted; the fat and plethoric; the cachectic; the overfed on animal food; the drunkards; the gouty; the habitually bronchitic; the albuminurious; the very dejected, not merely timid; and, in short, those with any organic disease of internal organs; and, after middle age, these increase very much in their proportion.

And for the probabilities of rapid recurrence, these are, "bad cases." Acute cancers, *i.e.*, all that have been rapid in progress; for those which increase very quickly before the operation, are certain to recur quickly after it. This, however, may be no sufficient objection, for great pain may often be saved by its performance. Mr. Paget said that he remembered such a case in a lady, whose breast he removed when she was five months advanced in pregnancy. She recovered well from the operation, and the benefit procured by its performance was very great; she went to her full term, bore her child, and was able to suckle it for a year before she died, with her most anxious wish fulfilled in comparative comfort.

Another condition unfavourable to operation is a brawny skin with firm œdema and wide open hair-follicles, or wide adhesion of skin; so is that in which the skin is extensively cancerous, or where there are little scattered tubercles of cancer in the glands and skin; or where there is considerable affection of the lymph-glands in the axilla, especially *numerous* diseased glands. A moderate amount, however, of lymphatic disease is no serious obstacle to an operation. But supra-clavicular disease should be an almost absolute bar against it.

Mr. Paget here adverted to the best manner of detecting cancerous lymphatic disease in this situation, and said that in cases where it is impossible to make out satisfactorily, by touch, the presence of enlarged glands, a difference of outline may be often seen by bringing the eyes to the same level with the part, and comparing the two sides; an uplifting of the integuments being often caused by the presence of swollen glands too deep or small to be felt.

Cases in which cancer attacks the upper half of the breast are generally bad; and those in which the lower part of the gland is affected are among the best. Cancer simultaneously affecting both breasts, is seldom or never to be operated on, for the risk is greater, and the advantage not greater.

There are, again, certain cases in which an operation is needless: such are the very chronic—where the breast is small, shrivelled, knotty, and sunk down on the pectoral muscle. Patients with disease of this kind will live many years, probably, with no increase of trouble, and with but little inconvenience.

Mr. Paget concluded this part of the subject by summing up the advantages on each side, and said that the statements which he had made were taken from general averages, and that from such alone could any general conclusion be drawn. To deal with single cases is but a sort of surgical gambling. One man may tell of a case where no operation was performed, and the patient lived for twenty years; and another will tell of a life prolonged for almost the same time after operation; each statement quite true, but neither of them of any useful application. To reckon from such cases is mere gambling; and, as in gambling of other kinds, the best luck at first brings the worst grief at last.

In a second lecture on this subject, Mr. Paget proceeded to consider the treatment of cancer of the breast with caustics. This method of extirpation may be regarded as supplemental to excision. There is at the present time a patient in Sitwell Ward who is being treated in this way, and whose case gave occasion to these and the foregoing remarks. To state what may be a guide to the choice of cases for employing this rather than excision:—the objection to cutting is the risk to life. This risk is with caustics less. It is often said to be none, but this is an error. Death sometimes happens not by pyæmia or any such malady, but through severity of suffering, hemorrhage, too great exhaustion, etc. Mr. Paget said he had known thr
in one special practitioner's ha
death in a month or little more fr
commencement, and through the ef
this treatment. But say the risk
is only half that of cutting; why
this advantage, always choose ca
These are the objections: The tre
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pleteness, through loss of health, or
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struction by the caustic, or through le
an open, inflamed, and, consequently,
form of cancer.

There is the danger, also, of irritating the lymph-glands. and so making them more liable to be affected by cancer; and there is the danger of very rapid return even after complete removal of the primary tumour. It has, indeed, been said by those who pretend to cure cancer thoroughly by this method, that no recurrence takes place; than which nothing can be more false. There are no reliable statistics to decide the rate of return, but it is certainly not less, and is, probably, more rapid than that after excision; from some of the gland, in which the disease will most probably return, being left—and left not uninjured after the inflammation, etc., which has been set up in the neighbouring tissues.

These are, altogether, such serious objections, that caustics are very rarely to be preferred to excision, except in some of those cases in which, as enumerated in the last lecture, excision would be attended with much more than the average risk of life; for the constitutional maladies which greatly increase the risk of cutting do not, except very rarely, increase the risk of caustics. Many local conditions forbid the use of caustics—as a very large cancer, a decidedly acute one (for this will almost certainly run ahead), a very widely-affected skin, general œdema of skin, scattered tubercles, nearly all degrees of disease of glands, all supra-clavicular disease, widespread ulceration, etc. But these are left as more fit for caustics than for cutting—

many of the small cancers, especially in the unhealthy or diseased, many of the recurrent, the exuberant, some of the ulcerated, some of the adherent.

In conclusion, Mr. Paget said he believed, that by selecting with care, on the one hand, cases for excision, refusing those in which the operation would be attended with more than a proper share of danger; and, on the other, by using caustics where, from their smaller risk, etc., they would be more appropriate, the life of a large number of those who suffer from cancer may be considerably prolonged, and more even than any present statistics would show.—*Med. Times and Gaz.*, Sept. 27th, 1862.

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Clinical Remarks on a Case of Temporary Paralysis of the Accommodation of the Eye.—W. R——, aged 11 years, a delicate, pale, but bright and intelligent-looking lad, was brought by his father to the hospital on August 29th, on account of what appeared to be a great and sudden impairment of the vision of both eyes. His history was, that up to a fortnight ago he had always had good sight, and could read and write with perfect ease. Six weeks ago he had a low fever, from which he made a fair recovery, but was considerably reduced by it. One day, shortly after his illness, he discovered, on attempting to read, that he was unable to do so, but that he was able to distinguish objects at a distance. Examined with Jaeger's test types, he could only read No. 16, or two-line great primer type; but he could with facility tell the hour of the clock at a distance of twenty-six feet. When reading No. 16, his near point was fifteen inches. With a twenty-four inch focus convex glass he could read at "a foot" No. 12 of Jaeger's test type; eighteen inch ditto, No. 8 test type; twelve inch ditto, No. 4 test-type; nine inch ditto, No. 1 test-type. At Dr. Bader's suggestion he was made to look at distant objects—large type, No. 20, placed at a distance of twenty feet, through a bi-concave lens, so as to ascertain what amount of concavity the accommodative power of his eyes was able to overcome. Good ordinary eyes can, with an effort, see distant objects, although diminished in size, through a bi-concave glass of six, five, or even of four inches and a half focus. The object at first is scarcely seen through such a lens, but by a strain of the accommodative powers it soon becomes just visible, and at last perfectly clear. This lad was only able to overcome a thirty inch concave lens, showing how little, if any, accommodative power he possessed. He was treated with purgatives, iron, good diet, and perfect rest to the eyes, with occasional cold sponging to them. He rapidly improved, and on September 19th he was able to read No. 1 perfectly with either eye, and could see as well as ever he did.

The following clinical remarks were made by Mr. Lawson: "In *The Lancet* of May 11th, 1861, I published, with some remarks, four cases similar to the above, under the heading of 'Temporary Paralysis of the Ciliary Muscle,' and showed that this peculiar affection would manifest itself after various illnesses. That it occurs more frequently after diphtheria I am willing to believe, as from the reports of those who have had many cases of diphtheria under their care, a temporary loss of, or great impairment in, the accommodating power of the eyes is not a very unfrequent result. But any debilitating illness seems to have a similar effect. This affection is not limited to children, although they much more frequently suffer than adults; for one of the cases I first recorded was in an officer, twenty-six years of age, who had suffered severely from fever. The prognosis, I think, may be favourable; for although I have not met with more than six or eight cases, yet under proper treatment they have all speedily recovered."—*Lancet*, Oct. 4, 1862.

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HOSPITAL NOTES AND GLEANINGS.

Mode of Action of the Anti-ligature Forceps and Intracisors; their value demonstrated.—At the operations performed at St. Bartholomew's Hospital by Mr. Lawrence, Mr. Savory, and Mr. Callender on the 23d of Aug. several continental medical gentlemen of eminence were present. After discussing various matters with them, Mr. Lawrence took the opportunity of showing and explaining to them the *modus operandi* of the antiligature forceps and intracisors invented by Mr. Webber, of Tunbridge Wells: the former for arresting hemorrhage from divided vessels; the latter for stopping the current of blood through them, especially in cases of aneurism.

The action of the intracisors was afterwards illustrated and remarked upon by Mr. Savory, who, addressing the surgeons and pupils assembled, said: "Gentlemen, this portion of the femoral artery, just taken from the limb you saw me amputate a few minutes since, has been subjected to a sudden, firm, but only momentary grip of the intracisors, contrived by Mr. Webber for the purpose of obviating the necessity of employing the ligature hitherto ordinarily had recourse to. I send round for your inspection the instrument and the artery (which has been slit open) to show the effect produced upon it by the intracisors. You will see that while the inner coats throughout the whole circumference of the artery are as completely cut through as they could possibly have been by a ligature, the outer coat remains quite entire. Not only is the pain of constriction avoided, and other evil consequences which not uncommonly arise from strangulation by the ligature, and the process by which it is eventually got rid of, but the outer coat not being severed or materially damaged, no secondary hemorrhage can take place, and nothing is left to prevent the wound healing by the first intention. I need scarcely tell you, that as long as the inner coat of a vessel remains smooth, so long will the blood pass freely and continuously along its channel; but if by any means a roughness of the inner coat is brought about, a mechanical impediment is at once presented to the flow of blood over it, fibrination follows, and occlusion of the vessel takes place. The instrument unquestionably does its work perfectly." Mr. Savory then proceeded to operate upon the next patient, who had been given chloroform in the meanwhile.

We learn from a printed hospital report, that since their first introduction ten years ago, Mr. Webber has used these instruments upon upwards of 300 arteries and veins of large size, in the presence of Mr. Skey, Mr. Holmes Coote, and other surgeons in London and the country; but it does not seem that they have ever been generally employed.—*Lancet*, Sept. 27. 1862.

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Chancre in the Thumb of a Midwife; Secondary Rash, Sore-throat, and Iritis.—Mrs. I——, æt. thirty-eight, applied at the London Royal Ophthalmic Hospital, June 26. She had acute iritis of the left eye of one week's duration. Her arms were found to be covered with coppery stains, left by a fading rash. In both tonsils were kidney-shaped ulcers, now healing. She said that she was a midwife, and that she had poisoned her right thumb. A troublesome sore formed, and about a month afterwards the rash and sore-throat appeared. She had had hard glands above the elbow and in one armpit, but these had now subsided. The sore on the right thumb was still open, and the nail somewhat loose. The latter had been cut away at the lower part. The end of the thumb was much swollen, and a large granulating surface was exposed. There was no specific hardness of the edges, and indeed the condition could not have been distinguished from that seen in some forms of onychia maligna.

Inquiries were made as to any sores on the genitals, but the existence of such was denied; and as the date of the sore on the thumb and those of the rash and iritis exactly fitted with what is usual in the sequence of primary and secondary symptoms, no doubt was entertained that the denial was truthful. The patient expressed the utmost willingness to submit to an examination. She subsequently brought the prescriptions which had previously been given. They did not include any specific remedy, and the sore on the thumb had evidently been regarded as an ordinary whitlow.

Under mercurial treatment the iritis rapidly subsided, the thumb healed, and what remained of the rash disappeared.

The case is not without its interest, as an instance of true syphilis treated in its early stages without mercury. In spite of the omission of this remedy, the disease of the throat, the iritis, and the rash were all of them mild, and both the former were subsiding steadily before the mercurial was given. The specific effect of the latter, in procuring the disappearance of the iritis and the healing of the ulcer on the thumb, was, however, most marked.—*Lancet*, Sept. 27, 1862.

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Deceptive Appearance of Fluctuation.—M. Nelaton took the occasion of a recent case to draw the attention of his class to an important point in practice. The superficial muscles and tendons of the forearm had been divided by a circular saw, and after the accident an unsuccessful attempt had been made to unite the parts by first intention. In such accidents this does not take place, and the endeavour to procure it may be mischievous. But the following is the practical point alluded to: The dorsal surface of the hand was much tumefied, and the fluctuation seemed so evident that most persons would believe in the existence of a purulent collection. This, however, did not exist, and M. Nelaton observed that there are certain parts of the body in which the tissues exhibit a deceptive sensation of fluctuation. For the upper extremity these points are the dorsal surface of the hand and the superior and exterior portion of the forearm, on a level with the head of the radius; and if deceived by the appearance, we puncture here, blood only follows. This error has been committed hundreds of times for apparent collections in the substance of the calf, and at the upper and outer part of the thigh at the point corresponding to the tensor muscle of the *fascia lata*, and at its upper and inner part on a level with the passage of the psoas and iliacus muscles.—*Med. Times and Gaz.*, Sept. 27th, 1862, from *Presse Belge*, No. 36.

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Belladonna in Epilepsy.—At the Hospital for the Epileptic and Paralyzed, belladonna and its alkaloid, atropia, are still in favour as remedies for epilepsy. Under these remedies most patients with epilepsy, especially if they suffer much between the paroxysms, are benefited.

In treating epilepsy we must remember that, although in many cases we may not be able to cure, we can very often diminish the number of fits; and even if we cannot do that, the patient's general condition is often much improved. Many patients attend the hospital who have had fits for very many years, and though they have no hope of being cured, they, nevertheless, experience great benefit, and are rendered capable of resuming a comparatively active life. Although this is not a cure, it is the next best thing to it.

The prescription generally used is—Extract of belladonna a quarter of a grain, quinia one grain, in a pill three times a day. Of atropine, one $\frac{1}{120}$th of a grain is given three times a day. Of both, the dose is gradually increased. Although given in increased doses, they are rarely observed to produce, in epilepsy much physiological effect. Sometimes, however, the patients complain of dryness in the throat, and of defective sight. We think it will be noticed that patients with dark eyes suffer more from it, and that these patients are often hypermetropic.

When the sight is affected by belladonna or atropine, it is because the ciliary muscle is paralyzed partially or totally, and hence that the power of accommodation is impaired, or altogether lost. It is not likely that it is due to dilatation of the pupil, as in congenital irideremia the accommodation is good, and in a case recorded by Graefe, in which the whole of the iris was removed by operation, it remained perfect. It was lost, however, when atropine was put into the eye.

Patients, of course, complain a good deal when their sight is impaired, however little, by any course of treatment, but they can be assured that the defect is only temporary. In some cases of cataract belladonna has been used for years without injury to the eyes, and without losing its powers.

In no case have we noticed dulness of hearing to be produced by this drug. Very likely there may be some slight impairment of hearing which the patient dose not notice. Very often there is tinnitus aurium, and some little defect of hearing attending it, but this is common in epilepsy whether belladonna be given or not. We have not noticed that patients have complained of increase of deafness under its use. If a solution of atropine were dropped into the ear it might then paralyze the small muscles of the ear, and produce defective accommodation for sound, if such a phrase is allowable.

Another method in which Dr. Brown-Séquard uses atropine in epilepsy is to inject a solution of it and morphia into the part from which an aura starts. This was done in several cases with excellent results. A solution containing one-sixtieth of a grain of atropine and a quarter of a grain of morphia is injected with Wood's syringe. In the several cases in which it was used it did not produce any immediate effect in the patients, and no giddiness, etc. The operation is not painful.

It is supposed that belladonna acts on the bloodvessels producing contraction. Ergot, also, Dr. Brown-Séquard believes, has this property; and hence their use in local inflammatory conditions of the brain or spinal cord. Ergot, he believes, has a greater action on the vessels of the spinal cord, and belladonna on those of the brain. In paraplegia from myelitis, a pill containing three grains of fresh ergot and a quarter of a grain of the extract of belladonna is given three times a day. The action of belladonna in arresting the flow of milk, and in causing dryness of the throat, may be explained also on the hypothesis of its diminishing the supply of blood to those parts.—*Med. Times and Gaz.*, Oct. 11, 1862.

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Opium, Codeia, etc., in Sleeplessness.—The profuse administration of opium in delirium tremens is not so common as it was. It appears to be recognized that, as Dr. C. J. B. Williams points out in his "Principles of Medicine," that there is a condition in which a patient is "too weak to sleep," and that, therefore, the best plan to induce sleep is not to attempt to tyrannize over the nervous system by opium, but to support the patient by tonics, and stimulants, and nutrients; then, when the patient is strong enough to bear it, opium may be given. We write these remarks, not in reference to any recent case, but to some which occurred in the hospital some time ago.

Dr. Brown-Séquard sometimes gives codeia in cases in which it is important to produce sleep. If we wished blindly to compel sleep, opium would be our remedy; but many can, no doubt, call to mind cases of death in delirium tremens after the profuse administration of opium. "Apoplexy with contracted pupil" is, we believe, the name given to such deaths. Again, in cases where we feel justified in giving opium to induce sleep, the manifest disadvantages of doing this at the risk of producing dyspepsia, constipation, and symptoms of "congestion of the brain," make the choice of some other narcotic desirable. In one case in which codeia, one of the alkaloids of opium, was given, it produced sleep, and was not followed by any of the disagreeable symptoms of confusion in the head, which the patient complained of after taking morphia. It is stated by Dr. Neligan to be half the strength of opium only; but in this case it produced, in similar doses, precisely the effect of an equal quantity of morphia. The dose given was two-thirds of a grain, in pill. Codeia is contained in much smaller quantity in opium than morphia; so that in prescribing opium equivalent to a grain of morphia, we give only one-sixteenth to one-thirtieth of a grain of codeia.

At the Middlesex Hospital Dr. Goodfellow employs the plan of subcutaneous injection of opium, in order to get the patient to sleep in delirium tremens. He thinks that it acts more quickly, and produces less constitutional disturbance than the plan of administering it by the mouth. Of course he employs other means, both dietetic and medical.—*Med. Times and Gaz.*, Oct. 11, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Poisoning by Opium—Belladonna as an Antidote.—Dr. I. D. Hopkins reports (*Buffalo Med. and Surg. Journ.*, October, 1862) the following case:—

"Ida Clifford, aged twenty, was admitted into the City Hospital on the 23d of July last, at 5 o'clock P. M. I was informed that she had purchased xl grs. of opium about 9 o'clock A. M. When I arrived at 6 o'clock P.M. I found her quite insensible, breathing heavily, pupils contracted to a point, skin cold and moist; pulse was feeble and scarcely perceptible. Being confident that the time for emetics and the stomach pump had passed, it became necessary to resort to some antidote that would reach the absorbed poison in the circulation; and testimony favouring belladonna, I administered ʒj of that tinct., and ordered ʒss every two hours. In the morning I found her quite smart."

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Medical Department of the University of Michigan.—We are informed that there are, at the present session, over two hundred students in attendance on the lectures in this Institution.

The course extends through six months. The organization of this University is peculiar. Being largely endowed, the faculty are paid a fixed salary and the tuition is *free.*

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United States Hospital at Chestnut Hill.—Dr. Joseph Hopkinson, who has displayed remarkable administrative abilities in the organization and management of the Military Hospital at South and 24th Streets, Philadelphia, is to have charge of the large new Government Military Hospital now being erected near Mermaid Station, on the Chestnut Hill Railroad. We are very confident that under his direction it will be a model hospital.

Munificent Donation to the United States Sanitary Commission.—The city of San Francisco, California, has sent to the United States Sanitary Commission one hundred thousand dollars. This munificent donation is most opportune, and will enable the commission to largely increase the comforts of the sick and wounded of our heroic army.

American Pharmaceutical Association.—The Tenth Annual Meeting of this body was held in Philadelphia, on the 27th, 28th and 29th of August, 1862.

The following officers were elected :—

President—WILLIAM PROCTOR, Jr., Philadelphia.

Vice-Presidents—JOHN MILHAU, of New York; EUGENE L. MASSOT, of Missouri; J. FARIS MOORE, of Maryland.

Treasurer—HENRY HAVILAND, of New York.

Recording Secretary—P. W. BEDFORD, of New York.

Corresponding Secretary—JOHN M. MAISCH, of Brooklyn, New York.

Executive Committee—EDWARD PARRISH, Chairman, Philadelphia; HENRY F. FISH, Waterbury, Connecticut; WM. J. M. GORDON, Cincinnati, Ohio; SAMUEL M. COLCORD, Boston, Mass.; P. W. BEDFOBD, *Sec'y ex-offic.*, New York City.

Committee on the Progress of Pharmacy—FERDINAND F. MAYER, New York City; W. NEERGAARD, New York City; J. JACOB THOMSEN, Baltimore, Md.; E W. SACKRIDER, Cleveland, Ohio; JOHN M MAISCH, *Cor. Sec. ex-offic.*

After transacting a large amount of important business the Association adjourned to the 2d Tuesday in Sept. 1863, at such place as the President and Executive Committee may determine upon.

OBITUARY RECORD.—Died, October 11, 1862, in New York, Dr. JOHN C. CHEESEMAN, an eminent practitioner of that city, in the 75th year of his age.

Died, near Sharpsburg, Sept. 17th, 1862, Dr. WILLIAM J. H. WHITE, Medical Director of Major-General Franklin's Army Corps, in the 36th year of his age.

FOREIGN INTELLIGENCE.

Causes of Failure of Extraction for Cataract.—Prof. ARLT, of Vienna, made a communication on this subject to the Medical Section of the Congress of German Naturalists and Physicians at its late meeting at Carlsbad. He stated that, even if the operation was well done, vision might yet be destroyed, either by want of caution in the patient himself, whereby the union of the wound was endangered, or by incomplete removal of the cataract. As regards the first point, he mentioned that the movements of the eyelids were chiefly influential in preventing union, and recommended, instead of the ordinary English plaster, the charpie-bandage, which facilitated the inspection of the patient's eye, if he complained of pain, etc. Concerning the second point, the professor remarked that, if the cataract was not yet matured, or too much so, small pieces of the cortical substance of the lens were frequently left behind. These did not cause opacity and tumescence of the cornea, as was generally believed, but effusion of the aqueous humour, irido-choroiditis, and finally panophthalmitis. The first symptom of this was an opacity resembling arcus senilis. In order to prevent such accidents, Professor Arlt has successfully resorted to iridectomy after extraction, if the cataract was not mature or had been fluidified; but if inflammation of the whole eyeball had set in, a compressive bandage was the best remedy, whereby, it is true, vision was not saved, but at least the cornea and the substance of the eye were preserved.—*Med. Times and Gaz.*, Oct. 4, 1862.

Subcutoneous Injection of Quinia—Dr. JAMES M'CRAITH addresses the following letter to the editor of the *Med. Times and Gaz.*

SIR: I have to report a discovery, or what is tantamount thereto, of very great importance in my estimation, made by my friend and *confrère* here, Dr. Chasseaud, who is

Physician to the Hôpital de St. Antonio, of this city. I am surgeon to the operatives engaged on the Smyrna and Aidin Railroad, in course of construction at present here. This railroad passes through parts of this country as rife in malaria as the Pontine Marshes themselves The number of the workmen attacked by intermittent fever, often of severest type, is very great; which you will allow when I state that at present from forty to sixty are in hospital suffering from intermittent fever. These are naturally the worst cases, many of them treated ineffectually on the works, and sent to Smyrna as such for hospital treatment. Seeing the immense expense of sulph. quinia, the frequent difficulty and occasional danger of the large doses necessary in this climate, Dr. Chasseaud cast about, as many others have done before, to find some means of obviating those difficulties. He began a series of subcutaneous injections, and was most grateful to find his success complete. The effect of one or two grains of quinia in solution, injected into the cellular tissue of the arm, being equally efficient in arresting fever, if not more efficient than the scruple doses hitherto found necessary. This method is also free from the inconveniency of the large dose taken by the mouth — vomiting, diarrhœa, and gastric symptoms often rendering the exhibition of large doses by the stomach ineffectual, difficult and hazardous.

Now, a substitute for quinia has been sought for ineffectually ever since the discovery of this most valuable and now necessary or indispensable specific. Now, if Dr. Chasseaud's application of it prove satisfactory (and from what I have seen it cannot fail to do so), such application is tantamount to finding a substitute. He makes two grains equally or more effectual than twenty grains, the which twenty grains had often to be repeated. The importance of this I need not insist upon. His method is the following—it can be put in practice by any one, the merest tyro in medicine: He makes a saturated solution of quinia in alcohol (he has tried with success the solution of the sulphate, also the citrate, and bisulph. in distilled water, but prefers the alcoholic solution of quinia), and of this solution he injects as much as is equivalent to two grains under the skin of the arm, avoiding the large veins. He makes a puncture with a spear-shaped lancet, pinching up for that purpose the skin over the triceps on the arm, and with a syringe injects under the skin the solution as described above. Any syringe with a small pointed nozzle will answer the purpose.

He applies a small compress and light bandage to prevent the escape of the injected fluid. Now fifty cases, many of severe form, have been treated in this manner, and with more satisfactory results than by the old and recognized method. Dr. Chasseaud is preparing a detailed report of these cases, many of very severe form, which he will not delay to lay before the profession. One curious effect I may mention, and which would not be anticipated, is that generally after the injection the patients fall into a quiet sleep of some hours.

Now, if this application of quinia prove of that importance which I believe it to possess, Dr. Chasseaud will have a right to a reward from all the civilized governments of the world, seeing the immense economy of quinia it will effect in all hospitals, civil and military, all over the world. To the poor of malaria countries his discovery will be a boon beyond all price.—*Med. Times and Gaz.*, Aug. 2, 1862.

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Use of Tobacco.—Sir RANALD MARTIN expresses, in his recent work on *Tropical Climates*, the following opinion of the use of tobacco:—

"There is another habit respecting which I shall venture to say a few words, because it is both a bad one and a comparatively new one—I mean the immoderate use of tobacco—a habit brought amongst us from the continent of Europe, on the cessation of the French revolutionary war. Young military men are apt to regard the habit as a manly one, until severe dyspepsia, giddiness, shattered nerves, sallow complexion, disturbed action of the heart, and other symptoms show themselves, and then it is frequently too late to stop. 'The sallow complexions, black, broken, and unsound teeth' of the Germans are matters of notoriety to all travellers. 'You may,' says one of them, 'smell a German in any part of the room, or scent him at a quarter of a mile's distance in the open air, if the wind be favourable.'

"Much is talked of the good effects of tobacco-smoking in damp and malarious localities, by persons who, in defiance of geographical differences, carry the habit wherever they go—from the marshes of Burmah to the arid plains of Hindustan, forgetting that, meanwhile, in the language of Cassio, 'they put an enemy in their mouths to steal away their brains;' but I think there is good reason to question the benefits of this habit of smoking even in the fatherland of fog and damp, or that tobacco ever acts as a preventive to any disease, and least of all to fever.

"The truth is, that many persons puff themselves into the good graces of snobs and spoonies like themselves, and use cigars by the score now, as Lord Chesterfield drank and smoked in his time, notwithstanding his aversion to wine and tobacco —'because he thought such practices very *genteel*, and made him look like a man.' How his lordship may have looked under the united influence of wine and tobacco, his biographers have failed to relate; but we all know how our modern 'spoonies' and 'snobs' in our thoroughfares look, after a course of cigar-smoking alone."

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Vaccination in England.—The number of persons vaccinated last year in England was 432,806, of which 425,739 were successful, and of this number 100,641 were above a year old. The number of registered births in the unions making these returns was 685,646, more than double the number of infants vaccinated by the public vaccinator. The number of the vaccinators was 3731.

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Mortality from Coal Mine Accidents in Great Britain.—The deaths from accidents in coal mines in 1857 were 1122; in 1858, 930; in 1859, 914; in 1860, 1109; and in 1861, 943; being an average for the five years of just over 1000.

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Railway Accidents in Great Britain.—During the year 1861, 284 persons were killed and 383 injured by accidents on railways in the United Kingdom. Of this number, 216 were killed and 836 injured in England and Wales; 39 were killed and the same number injured in Scotland; and 29 were killed and 8 injured in Ireland. 46 passengers were killed and 781 injured from causes beyond their own control.—*Lancet*, Sept. 27, 1862.

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Disregard by Military Commanders of the Counsels of Medical Men on Sanitary Matters.—Sir Ranald Martin, in his late work on *Tropical Climates*, makes the following statements:—

"When very young, and serving in one of the most pestilential countries known in India, I made a topographic examination of the localities, and reported the result to my commanding officer, suggesting at the same time what I regarded as the most suitable arrangement for encamping the men against the coming rainy season, when it was well known that a great increase of deadly fever would result. The answer was, 'I'll be —— if I do.' Now, here was no blundering lieutenant, but, on the contrary, one of the most able and well-informed field-officers I have ever known; yet, such was his treatment of a grave matter of duty, and the neglect of which, before the year was over, cost him his life. Again, on landing at Rangoon, during the first Burmese war, I was credibly informed that the superintending surgeon of the Bengal division there had warned the officer commanding that, without fresh animal food and vegetables, the European soldiers must perish from scurvy. The answer was characteristic, and somewhat more civil than that granted to me. It was this: 'Medical opinions are very good, sir—when they are called for.'"—*Ed. Med. Journ.*, August, 1862.

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Ventilation of Armour-clad Ships.—We have already alluded to this subject in our No. for September last (p. 197), but as we are rapidly building in this country a fleet of iron-clad ships, and as it has been stated that the crew of the Monitor, during a storm at sea, were nearly suffocated for want of fresh air, there is reason to fear that the ventilation of these vessels has not been duly attended to, and that we are here committing the fearful mistakes made in Great Britain in the construction of their iron-clads. Some further remarks may, therefore, tend to call attention to the subject.

The following just observations are from a late No. (Oct. 4) of the *Lancet*:—

"We grant that the offensive properties of an armour-plated ship are the primary objects of her construction, and that these may be as diabolically effective as could be desired; but we aver that in proportion as the offensive power has hitherto been increased, the defensive power has been diminished. True, an iron-cased ship may afford greater protection to her crew from shot and shell than a wooden ship, but it has been overlooked that to whatever extent this protection has been obtained, to a like extent the vessel has been made less fit for habitation. It has been forgotten, in short, that shot-proof ships might require for their due working disease-proof sailors. Experience has again and again showed that, in time of war, for one man lost from the casualties of actual contention, several have been needlessly lost from disease. The conditions which have given rise to this additional, most wasteful, and most unnecessary expenditure of life unhappily exist to almost as great an extent in peace as in war, and the chief of these conditions has been clearly set forth by no less an authority than the distinguished Secretary of the Admiralty. In the debate on the naval estimates, in the course of the last session of Parliament, he said—

"'Everybody who has been on board ship in the lower deck will know that the atmosphere is sufficiently bad to provoke almost any kind of disease, especially phthisis and fevers, as has been shown by the returns from the Mediterranean fleet.'

"This was said of our wooden ships of war: but when we reflect that in armour-plated ships the port-holes are largely diminished in number and greatly lessened in size, and that, the more effectually to strengthen the walls of the vessel and prevent the intrusion of shot or shell, no aperture of communication with the interior is permitted to exist which can possibly be done away with, we are justified in concluding that the state of the between-decks referred to by Lord C. Paget will in these ships be greatly intensified. When, moreover, we remember that, from the character of these vessels, and as shown by experiment, the temperature of the between-decks is higher than in vessels of any other class—that in hot weather the iron walls suck up heat with the avidity of a salamander—and that it is far from improbable that the practicability of keeping the 'bilges' sweet has been forgotten in the progress of building (as in the case of the *Warrior*)—we may also reasonably infer that the principal conditions which concur in increasing the foulness of the between-decks in wooden are also found in a higher degree in armour plated vessels. Hence we are led to the ultimate conclusion that these latter ships promise to be much more destructive to their crews than any enemy; at any rate, to estimate the power of destruction by their offensive capabilities alone is a delusion."

Now new modern armour plated ships are far more easily ventilated than the large ships of the old construction; and where steam power is at command there can be no excuse for deficient ventilation. But the proper ventilation of ships should be considered of equal importance as their speed and fighting qualities, and be equally provided for in their plans for construction.

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Dawn of Animal Life—A late number of the Westminster Review contains under this title a review of the recent researches by GREENE, CLAPAREDE, LACHMANN, WILLIAMSON, CARPENTER, and JUKES, into the structure and development of the protozoa, and the astounding part which these little and otherwise insignificant animals appear to have played, in periods of inconceivable remoteness, as the engineers to whom was intrusted the construction of much of the crust of the globe which we inhabit. And even in the present day they are still at work, forming, at a depth of 2 000 fathoms, the bed of the ocean between Europe and North America, and by throwing up sand-banks, as they are termed, blocking up harbours, changing the course and depth of straits and channels, silently working out what may ultimately become a serious revolution in the apparent destiny of commercial emporia. Tracing the structure of these creatures from their most primitive form in the *Rhizopoda reticulata*, with its simple plastic body substance, or "sarcode," throwing out filaments, which it can again withdraw, and the shell bearing forms or foraminifera, "tens of thousands of which may be contained in a pill-box," while others, as the fossil nummulites, are two or three inches in diameter, through their several forms and orders—the author passes to the consideration of that of the sponges. From this he passes on to the infusoria, the lowest animals provided with a mouth. Not only are these three groups of protozoa so connected by intermediate forms, as in structure and modes of reproduction insensibly to glide one into another, but it is pointed out that, among the foraminifera, so infinitely diversified are the individual forms that classification into distinct species is almost set at defiance, Dr. Williamson remarking that "examples abound which we are unable to locate with confidence, and we are at length tempted to believe that amongst the foraminifera specific distinctions have no existence. . . . Nearly every species is capable of adapting itself with endless modifications of form and structure to very different habitats, in brackish and in salt water, in the several zones of shallow and abyssal seas, and under every climate from the poles to the equator." And as these specific differences are so undefined among animals of this lowest type of animal life, so are naturalists still at loss to draw the line which shall mark off these from vegetable organisms—as much as at a loss now, when research has been pushed so far on the confines of both kingdoms, as they were when rougher modes of investigation were alone had recourse to. An interesting illustration of the difficulty is met with in comparing the modes of reproduction of admitted animals and admitted vegetable growths. Thus, in the sponges, not only is there met with reproduction by gemmation, but in the Spongilla reproductive seed-like bodies have been discovered, and in the Tethya true germ cells or ova and spermatozoa in every stage of development. On the other hand, in many cryptogamic plants, especially in the algæ, are there found zoospores or spermatozoids, which endowed with independent motion appear to perform an office identical with that of animal spermatozoa. In some algæ they thus enter a pistil-like organ, the sporangia, evidently for the purpose of fecundation When, while swimming about, they approach the sporangia, they are said to make straight for it as though gifted with volition. and if they fail to enter it at once they repeat the effort. The general result of the inquiries of the naturalist mentioned, is not only to show the importance of the protozoa in the scheme of our mundane universe, but they bring out the interesting truth that there are animals constituted by an almost homogeneous gelatinous substance, in which this substance subserves all the purposes to which special structures are devoted in animals higher (as we term them) in the scale of organization, but while "higher," far less numerous, and apparently far less stupendous as to the work which they accomplish. In these lowest animals the same gelatinous material subserves at once the functions of nutrition, circulation, respiration, and generation. "In the absence of muscular fibres all the protozoa possess the power of extension and contractility; and, notwithstanding the absence of nervous fibres, they clearly evince in their actions the existence of sensation and volition, and appear susceptible of sensitive impressions. With the naked infusoria the sense of touch exists, undoubtedly, over the whole body. But, besides this, it appears specially developed in many species in the long ciliæ, forming vibratile circles, or in those movable foot-like and snout-like prolongations of the body. In the same manner, it is probable that they have the sense of taste also; for they seem to exercise a choice in their food, although no gustatory organ has yet been found. All species, whether they have red pigment points or not, seem affected by light. Without doubt, therefore, their vision consists simply in discriminating light from darkness, which is accomplished by the general surface of the body, and without the aid of a special optical organ. . . . The way in which the Rhizopoda seize their prey certainly *seems* to indicate the presence of distinct volition; but it is probable that the phenomena observable are manifestations only of unconscious 'reflex action.' "—*Med. Times and Gaz.*, Aug. 2, 1862.

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Discoveries of Fossil Human Remains.—It is said that M. Malaise, a Belgian palæontologist, has discovered in the cave at Engihoul, near Liége, portions of two lower jawbones and three pieces of skulls, undoubtedly human. In each jawbone the last three molars remain, all but two of which are much worn, and one is decayed. The pieces of skull are identified as fragments of the occipital and parietal bones; one of the latter is remarkably thick (eight millimètres). In the colour, degree of decomposition, and position, the human bones were indistinguishable from the other animal remains which were found under the stalagmite. This stalagmite is less than two inches thick, and is overlaid by a bed of porous and pebbly silt, varying in thickness from two to three feet. Detailed facts relating to this discovery will be given in Sir Charles Lyell's forthcoming work on the Antiquity of Man. This is not the first instance of the discovery of human remains in the cave at Engihoul, and it would be most interesting to compare the remains there discovered with those which have been derived from the neighbouring cave of Engis.—*Med. Times and Gaz*, Oct. 11, 1862.

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The Glasgow Chair of Medicine.—Dr. W. T. Gairdner, of Edinburgh, has been appointed by the Home Secretary to the Professorship of Practice of Medicine in the University of Glasgow, vacant by the resignation of Dr. John Macfarlane. It will be a source of general satisfaction to hear of his being placed in a position for which he is so eminently qualified by his pathological and medical labours. and by his success as a clinical teacher. We have reason to believe that the Home Secretary, in filling the appointment, was much influenced by the high reputation which Dr. Gairdner enjoys among his professional brethren in London. We are confident that the new professor will justify his choice, and contribute greatly to the fame of the Glasgow School of Medicine, and be a worthy colleague of the eminent men who have raised it to its present position.—*Med. Times and Gaz.*, Sept. 27th, 1862.

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Dante a Physician.—Records recently found in the archives of Florence seem to show that Dante was inscribed at that University in the class of doctors and pharmacists.

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Congress of German Naturalists and Physicians.—The thirty-seventh annual meeting of this Congress was opened at Carlsbad on the 18th of September. More than 500 members from all parts of Germany were present. The congress divided itself into 11 sections.

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Explosive Copper Gas-pipes—Dr. T. L. Phipson has written to *The Times*, calling attention to the dangerous character of a substance formed when copper or bronze pipes have been submitted for a long time to the action of coal-gas. The substance is a combination of copper and acetylene; it is highly explosive, and when dry detonates with great violence if rubbed, struck, or heated. He writes:—

"Already some accidents have occurred, and some workmen have lost their lives while cleaning large copper gas-pipes from this circumstance. No such explosive compound appears to be formed when iron or lead are used. It is evident that large copper gas-pipes are unsafe, and that some other metal should be substituted for the copper, as the latter may give rise to explosions at any moment. As concerns small pipes constructed of this metal, they should not be allowed to get foul, and when about to be cleaned hydrochloric acid should be introduced into them for about ten minutes before they are submitted to any heat or friction. Hydrochloric acid decomposes the explosive compound, combines with the copper, and puts the gas acetylene at liberty. The acid may then be washed out with hot water."—*Med. Times and Gaz.*, Sept. 27th, 1862.

[Copper is too expensive a metal to be ordinarily used in this country for gas-tubeing, nevertheless, a knowledge of the above fact may be useful.]

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Carbonic Acid Gas, as an Anæsthetic, has been employed by M. Ozanam. He mixed three parts of the gas with one part of atmospheric air in a large India-rubber bag provided with a flexible tube and a mouth-piece, by which the patient inhales the mixture. Anæsthesia is stated to be produced in about two minutes; it is accompanied by acceleration of the respiratory movement and copious perspiration on the face. The moment the inhalation is stopped the patient awakes to perfect consciousness.—*Lancet*, Oct. 11, 1862.

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Public Analyst.—The adulteration of articles of food and drink has been carried to such a fearful extent in Dublin, that the corporation of that city has been roused to the necessity of appointing a public analyst, and Prof. Cameron has been elected to the office. His business will be to analyze all articles of food or drink purchased in the city, which may be submitted to him for the purpose. It is stated on good authority that the health of the people is much injured by the deleterious nature of the articles they daily consume.

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A Monument to the Memory of Sir Humphrey Davy is about to be erected on the north side of Mount's Bay, near Penzance, where he was born.

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CLINICS.

CLINICAL LECTURE.

Clinical Remarks on the Distinction of Typhus and Typhoid—Frequency of Diarrhœa in the former, without Intestinal Disease.—Dr. Peacock, at his visit to St. Thomas's Hospital, on the 4th, remarked upon two cases then under his care in the wards as well illustrating the distinctions between typhus and typhoid, and as showing the necessity of basing the diagnosis of those forms of fever, not on the presence or absence of certain symptoms—however important such symptoms may generally be—but upon the mode of accession, progress, and decline of the fever, and the general features of the cases.

In one of these a middle-aged female was admitted, after a few days' illness, with symptoms of fever, much prostration of strength, profuse diarrhœa, and without marked cerebral disturbance. She passed favourably through the attack, the diarrhœa ceased, and in about twenty-one days she was convalascent. Judging by the general features, there could be no doubt that the case was one of typhus, and this conclusion was confirmed by the appearance and course of the eruption on the skin; yet, had reliance been placed on the absence of cerebral disturbance and the existence of profuse diarrhœa, the case might have been pronounced one of typhoid.

In the other case, a young man was admitted, after an obscure illness of three weeks' duration, with symptoms of marked cerebral disturbance, active delirium, followed by comatose tendency, and a dry, brown tongue, and the bowels acting regularly once daily. There was no diarrhœa while in the hospital, though there had been something of the kind before his admission, though, whether it was due to the action of medicine or not, was not ascertained. The cerebral symptoms subsided, and the patient is now quite convalescent. In this instance it was clear that the case, if not simple subacute meningitis, was one of typhoid; and this view was substantiated by the appearance of a few spots on the abdomen, thorax, and back, which assumed the usual appearance, and followed the course, of a typhoid rash. In this instance, if the diagnosis had been based upon the existence of marked cerebral symptoms

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and the absence of diarrhœa, the case would have been pronounced typhoid.

Dr. Peacock also remarked upon the frequent occurrence of diarrhœa in the typhus which has been epidemic in London during the last winter and spring, and which is now again becoming very prevalent, especially in St. George's-in-the-East and Southwark. In some cases the diarrhœa might be excited by the plan so often followed of giving active purgatives in the early stages of fever; but such was certainly not always the case. He had seen many instances in which no aperient medicine at all had been given, and yet the patients at the height of the fever had frequent, relaxed motions, and a very tympanitic state of the abdomen. The diarrhœa, however, seemed to be due, not to disease of the intestines, but to prostration of strength, and general influence of the fever-poison. It usually subsided without any special remedial means having been had recourse to, under the use of stimulants and support, with the gradual amelioration of the febrile symptoms and recovery of power. In two very marked cases of this kind in which death had occurred, the intestinal mucous membrane was found free from any appearances of disease.—*Med. Times and Gaz.*, Nov. 8, 1862.

HOSPITAL NOTES AND GLEANINGS.

New Operation for the Removal of a large mass of Polypi from the Nose.—On Saturday, October 18, Mr. LAWRENCE performed a novel operation for the removal of polypi of the nose. The patient, a man 22 years of age, first noticed occlusion of the nostrils rather more than two years ago. Gradually the swelling had increased, so that, when admitted into the hospital, there was great deformity from elevation and expansion of the nasal bones. The appearance was somewhat like that in Mr. Noble's case, related in a recent number of this journal, though the deformity was not nearly so great. Many attempts had been made to draw out the polypi through the nostrils, but with no relief. Mr. Lawrence was able, by the forceps, to remove a portion, but there was no real benefit obtained. The man would not submit to a repetition of the ordinary operation, and was anxious that something radical should be done, so that the whole mass might be removed. Both nostrils were quite occluded. They were simple mucous polypi, extending high up in the nose, and also a long way towards the pharynx. They could not, however, be touched by the fingers introduced by the mouth. Mr. Lawrence, after the operation, stated that the method he had adopted was, so far as he knew, quite new. He first divided the integuments on each side of the nose, beginning at a point just internal to the position of the lachrymal sac, and carried the incision down to the junction of the ala with the lip. Next, he completed this incision by cutting through the nasal bones and nasal process of the superior maxillary with bone nippers. Having divided the septum, he turned up the nose, and fairly exposed the great mass of the polypi.

They were removed by the forceps, polyp by polyp, considerable force being required to extract them. The mucous membrane lining the cavity was beset by minute polypi, and, therefore, the operator dissected it off in several places. The nose was replaced, and fastened in its position by sutures. The patient, after the operation, could easily breathe through the nose.

When we last heard of the patient, a few days ago, the wound was healed, and the nostrils were clear.—*Med. Times and Gaz.*, Nov. 8, 1862.

Masturbation in Epilepsy.—A patient, a girl, aged 11, was admitted, under the care of Dr. RAMSKILL, into the Hospital for the Epileptic and Paralyzed, on August 29, for epilepsy of four years' duration. For the first fortnight, she had, at least, twenty fits a day; very rarely any in sleep. She was convulsed, was quite insensible, and the fits lasted three or four minutes. The nurse suspected masturbation; and Dr. Ramskill, on examination, found what he believed to be evidence of this in irritation about the genitals. He directed that the patient should sleep with large gloves on, contrived for the purpose. Since, for four weeks, she has never had a fit, except on one day, when she had four. This, however, seems to favour the idea that the fits were caused by masturbation, as the night before the nurse had forgotten to put on the gloves. She is improved, too, very much in appearance; looks more intelligent, and is more alert and vivacious.

It is very difficult to obtain any satisfactory evidence of this vice. Patients often confess that they have practised it long previous, but rarely own that they have not given up the habit.

Removal of the clitoris has been performed many times by Mr. Baker Brown, in cases of epilepsy, in which the fits were induced by masturbation. In reference to this operation, Dr. Brown-Sequard says, that it may now and then be useful to remove the clitoris when an aura starts from it, just as it might to remove a toe or a finger. He does not, however, as has been asserted, approve of the operation in order to prevent masturbation.

In the Hospital for Sick Children, Mr. Holmes has recently admitted a case of epilepsy in which fits are supposed to be induced by this habit. The patient is a boy, about 12 years of age. He had several fits every day. Mr. Holmes intended to remove the prepuce. During the boy's stay in the hospital, however, he has much improved, and this is very likely due in a great measure to mechanical restraints. The operation has, therefore, been put off.

Dr. Copland, in his "Dictionary of Practical Medicine," strongly upholds the Jewish practice of circumcision, as one tending greatly to prevent bad habits of the kind under consideration. He writes: "The neglect of circumcision in Christian countries is certainly no mean physical cause of the prevalence of this vice, and of many of the consequences which follow. The institution of this rite for the descendants of Abraham, and the faithful observance of it to the present day, not only by them, but also by the followers of Mahomet, have tended, amidst numerous countervailing influences and persecutions, to perpetuate an enduring and healthy race; the beneficial result of circumcision being experienced, not only by the individual himself, but also by his offspring, and even indirectly by the female sex, as may be inferred from various physiological considerations."—*Ibid.*

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Eczema of the Scalp in Young Children treated by Mineral Acids.—Eczema, attacking the head and face of very young children, is a disease almost like strumous ophthalmia in its intractability. Some time ago, we attempted, at the Skin Hospital, to ascertain, from grouping cases together, something as to its natural history. The facts obtained from a limited number were chiefly negative. It did not occur more in children looking unhealthy than in others; in fact, some of the children were quite robust. There was in none of them any evidence of syphilis, and nothing to warrant suspicion of it; nor did improper food seem to influence it very much. It is extremely difficult to cure.

At the Hospital for Sick Children, Dr. Dickinson, finding that the secretion is highly alkaline, relies on mineral acids for the treatment of the disease. He gives both the nitric and sulphuric acid, but prefers the latter. We give the two following cases as instances of the benefit of this kind of treatment:—

Case 1. Archibald B., aged sixteen months, was admitted under the care of Dr. Dickinson as an out-patient on August 4. His head was covered with eczema. The secretion was highly alkaline. Four minims of dilute sulphuric, in syrup and water, were ordered to be taken three times a day. Subsequently the dose was increased to eight minims, and occasional aperients were given, and an ointment was used. ℞ Gu. benz. ʒj., adipis ℥vj, zinci oxydi ʒj. On October 2 the eczema was gone, and he was quite well in every respect.

Case 2. A boy, eleven years of age, was admitted for eczema all over the head. There were some below the ears, from which there was a very strong alkaline secretion. Dr. Dickinson ordered twenty drops of nitric acid three times a day, and, subsequently, the ammonio-chloride of mercury ointment. Under this treatment he improved. Quinine was added to the acid on May 3. On June 19 he was nearly well. He was not seen again until July 14. He was then quite well, and had been for some time.—*Med. Times and Gaz.*, Nov. 1, 1862.

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Bronzing of the Skin in a Paraplegic Patient.—There is in Guy's Hospital, under the care of Dr. Barlow, a case of bronzing of the skin. In this case there is also, either as cause or complication, paraplegia. The man's general vigour does not seem so much below par as is usual in Addison's disease. There is no marked languor nor great depression of spirits. He says he is in good spirits, looks cheerful, and, excepting his paraplegia, complains only of a feeling of sinking at the epigastrium. He has been getting brown for twelve months, and looks like a mulatto. In some parts, especially about the genitals, the coloration is greater than in others. On the thighs are several patches of a deeper colour than the rest. It was here, the man said, that the change in colour first began, and it was then attended by pain, not exactly neuralgic, but "a pricking kind of pain." It is one of the theories held, that disease of the capsules produces bronzing of the skin, amongst other symptoms, because the nervous system of nutritive life, with which these organs are so largely connected, is interfered with. Yet, although there are many diseases in which it is clear that some disturbance of the nervous system has produced changes of nutrition, there are not many in which it has produced deposition of pigment. There is, however, a case—a woman in Mary Ward—also under the care of Dr. Gull, in which there is darkness of the skin and diminished sensation. This is a case of lepra anæsthetica, differing from Addison's disease in all respects, except that there is deposit of pigment. The loss of sensation is considerable. In the *Indian Annals of Medical Science* there is recorded a case of anæsthesia of the fifth nerve, in which there was absorption of pigment in the region supplied by the frontal branch. As the man recovered sensibility in this part the natural colour was restored. These cases are merely mentioned to show that changes in the deposition of pigment are sometimes associated with defective nervous influence. They may throw some light on the mechanism, as it were, of the production of this single symptom of alteration of colour of the skin, although, as constitutional diseases, they are totally different. We have, however, notes of several cases of anæsthesia of the fifth nerve, in which there had been changes of nutrition in the eye, and yet no alteration of colour in the other parts supplied by the nerve. In neither the bronzing, if it depend directly on nervous influence, nor in the ulceration of the cornea, is it probably due to lesion of the sensitive nerves, but probably to affection of the motor nerves accompanying them, the branches of the sympathetic supplying the bloodvessels. We may remark, that hypochondriacal people are often very dark, as if they had more pigment than usual in their skin. The defective action of the liver is, however, generally considered to explain this, although there are very often no marked liver symptoms, and no yellowness of the skin, nor even of the conjunctiva.

In reference to the paraplegia in this case, we may refer to a paper, by Dr. Wilks, in the last number of *Guy's Hospital Reports*. He has collected all the cases of Addison's disease which have come under his notice at Guy's Hospital. They are twenty-five in number; and of these, three had caries of the spine. He says, speaking of the case we are relating, as well as of those in his series—"In these cases the inference is natural, that the two affections are associated, since the caries of the spine has always been in the lower dorsal or lumbar vertebræ, and in immediate contact with the supra-renal capsules, and in all probability the spine became affected first and the supra-renal organs afterwards."

As a contrast to this case, in which a white man has become dark, there is, in the next bed, a black man who is becoming white. The whitening is only, however, in patches. There is a small one at the eyebrow, and one, the size of half the hand, on the chest. The colour has changed during the last twelve months. It is curious, too, that he has no symptoms of organic disease, except a feeling of exhaustion and languor, like that generally attending Addison's disease.—*Med. Times and Gaz.*, Nov. 1, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Naval Medical Board.—A Board, consisting of Dr. James M. Greene, President, and Drs. Philip Lansdale and Albert Schriver, are in session in this city for the examination of candidates for the position of Assistant Surgeons in the Navy. There are, we are informed, a number of vacancies.

United States Military Hospitals.—There are now one hundred and fifty General Hospitals, containing in the aggregate, sixty thousand five hundred and fifteen sick and wounded soldiers. The necessary attendants upon these hospitals, exclusive of medical officers, number nearly twelve thousand, as follows: Stewards, four hundred; ward masters, three hundred; male and female nurses, six thousand and fifty-one; laundresses, three thousand and twenty-five; cooks, two thousand and seventeen.

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Diet Table for General Hospitals, United States Army.—The Surgeon General, Dr. Wm. A. Hammond, has just issued a new diet table for General Hospitals, United States Army. The articles embraced in this table are very numerous, and the amount of the ration ample; and if the surgeons in charge will but see that the allowances are duly furnished, that the quality of the articles allowed are good, and that the food is properly prepared, we think that the patients will have nothing to complain of on the score of variety and sufficiency, indeed, we may say luxury of their diet.

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The Pacific Medical and Surgical Journal.—Dr. James Blake announces in the Aug. No. his relinquishment of his position as editor of this Journal. He is succeeded by Dr. V. J. Fourgeaud.

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Obituary Record.—Died, at Morristown, N. J., on the 26th May, 1862, Lewis Condict, M. D., in the 90th year of his age. He was a graduate of the University of Pennsylvania in 1794.

—— on the 13th Oct., at San Francisco, Cal., aged 39, E. S. Cooper, M. D., Prof. of Surgery and Anatomy in the University of the Pacific. Dr. C. was a native of Butler Co., Ohio, but for the last seven years has practised in San Francisco, where he performed many remarkable operations, and took a prominent and active part in every enterprise for the advancement of Medical science in the State.

FOREIGN INTELLIGENCE.

The Employment of Chloroform as a Means of Modifying the Taste of Disagreeable Medicine has been suggested by M. Grave in the *Journ. de Pharmacie.* Mixed in certain proportions with tincture of aloes, gentian, and sulphate of quinine in water, the chloroform nearly annihilates their bitterness. It is also said to take away the odour of assafœtida immediately and totally. It remains to be seen, however, whether chloroform does not at the same time destroy, partially or wholly, the therapeutic properties of the substances in question.—*Lancet*, Nov. 22, 1862.

Tribes of Central Africa.—At a late meeting of the Ethnological Society, Major R. F. Burton, British Consul at the Bight of Biafra, gave an interesting account of a recent visit to the Fáⁿ country in Central Africa. Maj. B. called attention to a fundamental error in African ethnology made by Dr. Livingstone, who, deriving all his knowledge from the southern corner of the vast Continent, asserts that "no African tribe ever became extinct." The contrary is emphatically the case. Nowhere does the selection of species, so to speak, fight more strongly the battle of life than in maritime Africa. The tenants of the coast are rarely ancient people. Demoralized by the contact of European and Asiatic civilization, and having, like the Turks, less inducement to bar the coast to their inner neighbours, than the latter have to secure free transit for their merchandise to the highway of commerce, they degenerate and gradually die out. This is the case with the Mpongwe and the old Calabarese. * * The Fáⁿ character, Major B. said, has its ferocious side. Prisoners are tortured with horrible ferocity, and children may be seen licking the blood from the ground. It is a curious ethnological consideration, this peculiar "development of destructiveness" in the African's brain. Cruelty seems to be with him a necessary of life. All his highest enjoyments are connected with causing pain and inflicting death. His religious rites (how different from the Hindùs) are ever causelessly bloody. As an instance, take the old Calabarese. For 200 years they have had intercourse with Europeans, who certainly would not encourage these profitless horrors, yet no savages could show such an extent of ferocity as the 6000 wretched remnants of the race. He could not believe this abnormal cruelty to be the mere results of uncivilization. It appeared to him rather the work of an arrest of development, which leaves to the man all the bloodthirstiness of the carnivora. Few of the Fáⁿs lack fish, fowl, or flesh—goats, mutton, or game, once a day; many eat it twice. Cattle is, as yet, unknown; the woods, however, supply the wild buffalo in numbers. An interesting discussion supervened, which was commenced by Mr. Francis Galton, F. R. S., who said that the present condition of the African race precluded any hopes of their ultimate civilization, unless some dominant race should arise, which, like the Moors in Northern Africa, might subjugate the scattered tribes, and reduce them to one uniform civilization. Sir Charles Nicholson, speaking of the cannibals of the Tonga Islands, agreed that the prospect of their improvement was hopeless, and that the highest samples he had seen of the race were scarcely mentally equal to European children. Mr. C. C. Blake said that, although slavery had been alleged to be the corrupter of the morals of the African races, cannibalism often existed independently of slavery; while in those tribes on the coast which had had civilized intercourse with Europeans, cannibalism had been abolished. Professor Tagore contrasted the bloodthirsty rites of the Africans with the mild religions of Asia. Mr. L. Burke maintained the doctrine of the primeval inferiority of the African races. Mr. Crawford (the President) pointed out that civilization had never been spontaneously developed in Africa; that human sacrifices, like those of Dahomey, had existed in it from time immemorial; that the negroes had been unable to tame the elephant of Africa, or to devise any form of permanent architecture —*Med. Times and Gaz.*, Nov. 22, 1862.

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Diet in the British Army.—Dr. Gibson, the Director General of the Medical Department of the Army, has represented that the daily ration of meat allowed to the soldier is insufficient to enable him to support the fatigue of duty, and recommends that the supply be increased from three-quarters of a pound to a pound daily.

British Pharmacopœia.—At the meeting of the General Council of Medical Education and Registration, on the 28th of Oct., it was resolved that the weights used in the British Pharmacopœia be the Imperial or Avoirdupois pound, ounces, and grain; and that the terms "drachm" and "scruple," as designating specific weights, be discontinued.

And a committee was appointed with instructions to prepare the Pharmacopœia in conformity with the above resolution, and to carry out forthwith its printing and publishing.

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Crinoline.—Dr. Lankester calculates that there are six deaths per month in London arising from accidents consequent on the use of crinoline.—*Lancet*, Oct. 18, 1862.

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Obituary Record.—The profession everywhere will learn with profound regret of the death of Sir Benjamin Collins Brodie, Bart., who for nearly a quarter of a century has been the acknowledged head of the profession in Great Britain and who was justly regarded as one of the greatest luminaries of modern medical science. Sir Benjamin Brodie has been for some time in declining health, and his life was brought to a close on the 21st of October at the ripe age of eighty years.

Died recently at his Chateau of Rochesseille in the environs of Mayenne, M. Tanquerel des Planches, aged 53 years, well known by his excellent work on *Lead Colic.*

PUBLISHERS' NOTICE.

As the "Medical News and Library" is only sent to those subscribers to the "American Journal of the Medical Sciences" who remit the annual subscription, Five Dollars, in advance, those who desire its continuance, gratis and postage paid, will do well to forward the amount during the month of December.

Subscribers to the "News" separate will also please to send their subscriptions, One Dollar, as the "News" is only sent to those who pay in advance.

In the present number is concluded the series of Professor Simpson's "Clinical Lectures on Diseases of Women," which has given so much satisfaction to subscribers during its issue in the years 1860, 1861, and 1862. In the Library Department of the "News" for January, 1863, will be commenced a new work of value to all practitioners.

Philadelphia, *December*, 1862.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Treatment of Pneumonia. — Delivered at St. Mary's Hospital, May 10, 1862. By Thos. K. Chambers, M.D., lecturer on clinical medicine.

Gentlemen: There are three cases of pneumonia under my care in Albert ward this week, to which I have drawn your attention as illustrative of those of the most common phases under which you have to treat that disease in the adult.—No. 1. Frank, uncomplicated, double pneumonia, in a temperate, robust man; excessive dyspnœa. Cured by venesection, jacket poultice, food every two hours, wine.—No. 2. Pneumonia of upper and lower lobes of right lung, very slight in left lung, in a broken-down old man. Cured by cupping in front, jacket poultice, food every two hours, and wine.—No. 3. Congestive pneumonia of one lower lobe in typh fever. Cured by half-jacket poultice, cupping below scapula, food every two hours, wine, and bark.

(*The details of the cases are omitted here to save space.*)

In pneumonia a terribly vital organ is smitten, and so far as the disease extends the destruction is total. A consolidated or even congested piece of pulmonary tissue is impotent to fulfil its functions, and yet that those functions should be fulfilled is essential to animal existence. It is easy therefore to see that the gravity of the pneumonia is in a direct ratio to the quantity of lung involved. The degree or form of the inflammation or condensation is of

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much less moment, so far as immediate danger is concerned, than the extent of tissue over which it is spread.

Hence comes the importance of having some ready and effectual means at hand of checking the march of the inflammation to fresh parts. If we can do this, we contribute more certainly to the patient's life than if we regulate, however favourably, the progress of it in already affected places. No means is so readily applied, so immediate in its operation, as bloodletting. Its action has not to be waited for, like that of drugs in medicinal doses, but begins at the moment of application. That is a great point where time is so valuable. I believe also that it is the most powerfully effectual of the agents at our disposal, and that, rightly used, it is the saving of many a life in pneumonia.

The beneficial action of bloodletting in pneumonia is mechanical. It is more a question of hydrostatics than of physiology. The pathology of pneumonia is as follows: By the temporary death of a portion of the lungs, the blood cannot be quickly enough passed onwards through their tissue; it can run freely as far as the right side of the heart, but there it is stopped; the throng pressing onwards from behind makes matters worse, and thus the balance between the venous and arterial heart is destroyed. You can feel the apex of the organ beating strongly against the ribs, the muscular action being excited by the presence of an unusual amount of venous blood; yet the artery at the wrist is at the same time striking your finger with an imperfect, weakened force.

Take away some of the blood from the veins, and the balance is restored—the pulse becomes "freer," as the technical phrase is; that is to say, the heart being relieved of the undue crowd in the right side, is not arrested in its contraction, but is able to close upon its contents, and supply them steadily to the arteries.

The advantage of general and local bloodletting is of identically the same nature, though they differ somewhat in degree, and are diversely applicable. Where the patient was, previous to his current illness, in vigorous health, actively digesting his food, and actively renewing his tissues, he will bear, and easily repair, the detraction of a good large quantity of blood; and a good large quantity of blood is most conveniently drawn from the arm. To get, therefore, the full advantage of the remedy, and be on the safe side, you should practice venesection. But if the pneumonia has come on a person previously an invalid, or in weak health, you fear for the possible bad consequences of your treatment, and you cast about for some means of getting the greatest advantage out of the least loss of blood. This is obtained by cupping the region of the heart. Your six or seven ounces taken from thence, in a delicate invalid, seem to produce a corresponding effect to twelve or fourteen let from a vigorous man's arm. But there are practical inconveniences in cupping to a large amount in this situation. You are obliged to cut deep to obtain a good flow, and deep cuts cannot be stopped easily, but go on oozing unperceived into the poultice which, as I will instruct you presently, is to be put round the chest.

Remember that in letting blood you are wielding a dangerous weapon. While from a mechanical point of view nothing can equal the aid it gives, at the same time its more remote or physiological action is hurtful. The shrewd comedian tells us, "necesse est facere sumptum, si quæris lucrum;" so that if you have gained the inestimable boon of a restoration of balance in the circulation, and a consequent relief of dyspnœa and an arrest of the progress of death in the lungs, you must not complain if some evils attend the process. The mere loss of so much "liquid flesh" is in itself an evil, but a minor one; of greater import is the increased proportion of effete fibrin and water which it induces, the diminution of red globules, and the consequently diminished power to bear up against the destruction, however temporary, of so much pulmonary substance.

Judge, therefore, of the necessity for this treatment by the balance between the heart and the arteries. If the apex of the former organ strikes strong while the pulse at the wrist is defective, act freely and confidently. If, on the contrary, the ventricles are weak while the pulse is full, large, and rapping, be cautious in what you do, and if you draw blood at all, let it be by cupping the chest.

You will find in some lectures on medicine rules about bloodletting in pneumonia attempted to be deduced from the supposed degree of consolidation of the pulmonary tissue. These rules are singularly foolish and inapplicable to practice. They say you should bleed so long as you know that the lung is in its first stage of consolidation, (*i. e.*, congestion), as indicated by fine crepitation and incomplete dulness; and that you should not bleed after it has once become so completely consolidated as to admit no air into the finer bronchi—a state declared by the sound of coarse crepitation and complete dulness. Such a rule is quite useless at the bedside, and will often prevent your employing active practice in cases where it is urgently required. In the first place, in a majority of cases fine crepitation is masked by the mixture of coarse, produced by the presence of catarrhal mucus in the larger bronchi, especially in the catarrhal pneumonia of young persons. If you wait till you can hear distinctly fine crepitation, you will wait too long. Then, again, the dulness of congestion is not necessarily incomplete, as you may satisfy yourselves by examining a case of transitory congestion in continued fever, which is often very absolute, though it is so transitory that a mere change of position may remove it in twenty-four hours. Then, again, a slight collection of serum in the pleura may make the lower lobe dull at the very commencement of pneumonia, and prevent your bleeding at a very early stage, if you were to follow the rule I quoted. But the most truly important consideration and the most serious objection to the rule is, that you may have all stages of partial tissue-death going on at the same time: one lobe, or one part of a lobe, may have advanced even to yellow hepatization, while another part is entering into red hepatization, and in a condition which most would agree is that capable of benefit from letting blood. Your best guide to the necessity will be the dyspnœa, and your best check, the balance of the heart and arteries, as I have explained already.

Remember now what I told you about bleeding in a former lecture on "Anæmia and Bloodletting"—*be careful to supply material in the place of that which you are taking away.* Let the patient be fed with beef-tea or milk every two hours, just as if he had typh fever. I mention this part of the treatment next to the bleeding to remind you of the close connection which there is between the two, and because of the immense importance of it to your success, whether you elect to bleed or do not.

I now come to a direct restorative, about the use of which at all times you need have no manner of hesitation. You can always, without any exception of age, sex, condition, cause, or complication, follow a treatment to which I attribute more power of saving the lives of pneumonic patients than to any other, and which you see me apply in all cases; I mean, the enveloping the chest in a large bath-like poultice. The action of warmth and moisture on animal tissues tends directly to increase their vitality. You may *see* with the naked eye a healthy surface of skin under their application renew its life; it empties itself quicker of its pale, livid, venous blood, and glows with a fresh access of the bright arterial stream; it swells up elastically with fresh juices; it is more delicately sensitive when used for the purposes of touch; at the same time it feels no pain, but, on the contrary, an exquisitely pleasurable calm. You cannot see this renewal of life in internal organs; but you may infer that what takes place in one tissue takes place also in another with modifications dependent on distance and other difficulties of application. And you may infer it also from the results; for you find the dyspnœa diminished, the breath being easier drawn in spite of the weight of the poultice; the hot, fevered skin becomes moist and active, and soon the ribs begin to move again and air is readmitted into the previously paralyzed lung-tissue. These effects are the most strikingly shown in the case of infants, whose thin chest-walls are rapidly and efficiently permeated by the influences of the poultice, and in whom also this remedy is the only one really safe and invariably necessary. I cannot speak too strongly of the importance of your adopting it, and letting all other treatment be rather rejected than this directly restorative agent.

The poultice is best made of bruised meal, because that keeps moistest. It should be spread half an inch thick at least, on a cloth or flannel, as broad as the circumference of the thorax. If any portion of the upper lobes is inflamed it is essential, and even if only the lower lobes are inflamed it is prudent, that it should be deep enough to cover the whole chest from the collar bones to the hypochondria. Lay the patient on it on his back, and fold it across the front until it meets. In adults it will usually keep in its place of its own accord; but in children it is useful to have a tape stitched on in front and a tape behind, which you tie over each shoulder in the manner of a shoulder-strap, otherwise the little prisoners wriggle out of their soft breastplates. When once you have got it *in situ*, keep it there, and desire the nurse, on pain of dismissal, never to take it off till another hot one is ready to go on.

In low fever the continuous poultice somewhat stands in the way of the cool sponging. But, in practice, this last important part of the treatment becomes less necessary at the period when congestion and pneumonia occur; the skin has then become cooler and more active. Besides, the poultice often takes its place by softening and suffusing with a gentle perspiration the whole body. I have often had pneumonic patients complain of the way in which it makes them sweat.

Alcohol, especially in the form of port wine, is very useful in treating pneumonia. Even in hearty temperate persons, when you are going to bleed, it is desirable to give a little, as was done in Case 1. A glass of hot negus before the operation makes it safer; and whenever you observe the nervous system prostrated by the extent of the disease, so as to produce tremor of the hands, quivering of the tongue, delirium, dry brown tongue or a tendency thereto, throw in a little wine from time to time. In old persons, especially in the upper classes, who have been used to good living, and in persons of all ages who have indulged too freely in alcoholic liquids (like Case 2), you need not wait for any symptoms as above described, but begin with wine immediately. In children it is not required, and they get well quicker without it.

In the pneumonia of typh fever, position is of great importance. As long as the walls of bloodvessels retain their natural elasticity, they are able to resist the gravitating force which acts, of course, on the blood as on all matter; but when their life is lowered in disease, the elasticity is the first vital property which suffers, and the blood then gravitates towards the lowest part of the viscus. This is especially the case in typh fever. Lay the patient, therefore, on the side opposite to that affected (as was done in No. 3), or even on his face for a time, if both are affected; and thus the very force of gravitation, which you feared as an enemy, becomes a friend, by withdrawing the congestion from the weaker point. This boy was cupped on the side. You need not be afraid of a small loss of blood in typh fever, where an important viscus requires it. A large portion of the vital fluid you take away is poisoned and dead already, and unfit for the purposes of life; so that you are not robbing the patient to the full extent of the quantity drawn. You saw this lad was much more lively after his cupping than before. It is better to draw it locally than generally, because local benefit is expected from it, and not general.

I always abstain from giving purgatives in pneumonia. My reason is, because I have observed that patients who have diarrhœa at the same time generally do very badly; and if natural diarrhœa does harm, I infer that artificial diarrhœa does harm also. I prefer to produce constipation by opiates, where it does not already exist. If the rectum gets blocked up with feces, it is easy to wash it out with warm gruel.

Blisters, also, have seemed to me to do harm in a few cases where I have seen them employed before the patient came under my treatment. It is usually non-medical persons who put them on, under the general idea that they are good for a cough with pain in the chest.

Nothing has been said about antimony and mercury, drugs formerly much used in pneumonia. They are destructives, and I cannot see that there is anything to be destroyed in this disease, or that there is anything whose destruction would aid the employment of direct restorative treatment. When I used them, I was frequently obliged to leave them off on account of bad symptoms attributable to their agency, and I always felt doubtful if success in prosperous cases could be traced to them. But in all diseases which have been under treatment before yours, pray never let a word escape your lips, or a thought dwell upon your minds, about the patient being worse for the means previously employed. Most probably the harm done even by the most unsuitable drug is inappreciable; for a sick man is a tougher animal than we often give him credit for, and will stand a vast deal of faulty physic, and it can hardly be but what some of the treatment has added to his chances of life more than if he had been let alone. Besides, we are all infinitely fallible, God knows, and it is not for us to judge of circumstances we have not seen.—*Lancet*, Aug. 16, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Indian Remedy for Smallpox.—

Eruptive Fever General Hospital,
Kalorama, Washington, D. C., Nov. 26, 1862.

Surgeon-General W. A. Hammond,
Washington, D. C.

Sir: Acting in accordance with instructions received from the Surgeon-General's Office to test the efficacy of "Lane's Indian Remedy for Smallpox," and report thereon, I have the honour to state that I have used the box of "remedy" in the treatment of cases of smallpox in this hospital, and in no case, used either as a gargle, eye-wash, or internal remedy, have I been able to detect any effect, produced upon the patient or the disease, except that in one case the patient, after taking it several days in succession, complained of its producing nausea. In every other case I have found it inert, and as useless as I should expect a decoction of sawdust to be, administered in similar cases.

Very respectfully,
Your obt. servt.,
R. J. Thomas,
Act. Assist. Surgeon U. S. A., in charge.

—

Sanitary Commission Hospital Directory.—The Sanitary Commission have established an office of information in regard to patients in the Hospitals of the District of Columbia, and of Frederick City, Maryland. By a reference to books, which are corrected daily, an answer can, under ordinary circumstances, be given by return mail to the following questions: 1st. Is —— —— [giving name and regiment] at present in the hospitals of the District or of Frederick City? 2d. If so, what is his proper address? 3d. What is the name of the Surgeon or Chaplain of the hospital? 4th. If not in hospital at present, has he recently been in hospital? 5th. If so, did he die in hospital, and at what date? 6th. If recently discharged from hospital, was he discharged from service? 7th. If not, what were his orders on leaving? The Commission is prepared also to furnish more specific information as to the condition of any patient in the District hospitals, within twenty-four hours after a request to do so, from an officer of any of its corresponding societies. The office of the Directory will be open daily from 8 o'clock A. M. to 8 o'clock P. M., and accessible in urgent cases at any hour of the night. The number of patients in these hospitals is about 25,000. If found to be practicable, the duty here undertaken locally by the Commission will be extended to include all the general hospitals in the country.

—

Medical Staff United States Army.—The following named gentlemen having been approved by the Army Medical Board, have been appointed Assistant Surgeons in the U. S. Army.

Dr. Charles Carroll Lee, of Pennsylvania; Dr. Samuel H. Orton, of New Jersey; Dr. John W. Brewer, of Maryland; Dr. John Homans, of Massachusetts; Dr. John Brooke, of Pennsylvania; Dr. Wm. H. Gardner, of District of Columbia; Dr. James Phillips, of Maryland.

—

Berkshire Medical College.—At a commencement held on the 19th of Nov. last, the degree of M. D. was conferred on 19 candidates.

—

An Imposter Among Medical Men.—Dr. Horatio R. Storer, of Boston, requests us to state that money has been obtained in New York and Philadelphia, under various pretexts, by an individual personally unknown to him, under the assumption of his name.

Prof. G. S. Bedford, of New York, states that some individual, probably the same person, professing to be his son, has been collecting money in Boston.

The profession should be careful of this impostor.

FOREIGN INTELLIGENCE.

New Remedy for Intermittent Fever.—Assistant-Surgeon G. Bidie reports, in the *Madras Quarterly Journ.*, some experiments made with the bark of the Thevetia nereifolia, in intermittent fever, with results far beyond his most sanguine expectations. He recommends a strong tincture of the recently stripped bark.

—

Castor Oil rendered Palatable.—The following easy way of administering castor oil is proposed by the *Bulletin de Thérapeutique:* Pour the oil over an egg broken into an earthen pan on the fire. When done, add a little salt or sugar, and a few drops of orange flower water.—*Lancet*, Nov. 22, 1862.

—

Hydrophobia from the Bite of a Cat.—Dr. Texier communicated to the Academy of Medicine, Sept. 9th, 1862, a case of hydrophobia caused by the bite of a cat.—*Gaz. Méd. de Paris.*, Sept. 27, 1862.

—

Carbolic Acid as a Preventive of Putrefaction.—Dr. Grace Calvert says that carbolic acid is the most powerful preventive of putrefaction with which he is acquainted. By its aid, he succeeds in preserving gelatine solutions, and preparations of starch, flour, etc. It prevents the conversion of tannin into carbonic acid and sugar, and arrests lactic fermentation. Diluted with from two to seven parts of water, it is found useful in putrid ulcers and sloughing wounds. The non-chemical readers may be reminded that carbolic acid is very similar to creasote, and obtained from coal-tar.—*Brit. Med. Journ.*, March 29, 1862.

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Venereal Disease in the British Army.—The admissions into hospital among the home troops during 1860, for enthetic diseases, which comprised all sorts of venereal disease, were upwards of one-third of the average strength of the army; at Portsmouth they exceeded one-half. This disease causes a loss in the course of the year to the army at home of at least 8.69 days of the service of every soldier. The average period of treatment amounted to twenty-three days. The Household Cavalry are much the freest from it, and the Foot Guards rank next, owing, probably, to their being less frequently moved, and a considerable number of the men being married. The invaliding for this disease is small, but many of the men discharged with broken health and for rheumatism may trace to this source the origin of their disabilities.

—

Effects of Diseased Food on Man.—Dr. Letheby writes: "In 1860, a quantity of cow-beef was bought in Newgate Market by a sausage-maker at Kingsland, and made up into sausages in the usual way. The meat was not of first quality; for, as the sausage-maker observed, such meat never was. It was part of a cow that had been sent to the butcher from a London cow-house. Epizootic diseases were prevalent at that time in the cow-houses of London, and it was probable that the animal was affected with one of them. Of sixty-six persons who partook of the sausages made from it, sixty-four were attacked with symptoms of poisoning; and the severity of the symptoms was in direct proportion to the quantity eaten. In several cases, where one or two members of a family did not partake of the sausages, they alone escaped; and people far away from Kingsland, who had bought the sausages of a second dealer, suffered likewise. The effects were those of an animal poison; they were sickness, purging, giddiness, great prostration of the vital powers, intense irritation of the bowels, and in one case death. It was not an uncommon practice for butchers to dress for the market the bodies of animals that had not been slaughtered, but had died from accident or disease. The rules which he had laid down for the guidance of inspectors of the commission required them to seize the meat of animals which had not been slaughtered by the butcher, but had died from accident or disease; also of animals which had been killed while in a state of acute disease, or which had wasted from lingering illness; and to seize it when it was unsound from putrefaction or decay. These were the wholesome rules which had been acted on from very early times; and they were most religiously observed in the present day by the Jews, who had brought them down from the remotest antiquity. They were the rules of almost every continental state, and strictly followed by the Ædiles of ancient Rome. Finally, they were indicated as well as sanctioned by the laws of the City, and had been more or less observed in every town of England in all time."—*Ibid.*

—

London Sausage Meat.—We extract, from a recent weekly report of the Medical officer of the City, the following important but nasty truth. After stating that 4525 lbs. of meat and 73 head of game and poultry had been seized as unfit for human food, he adds: "The inspectors inform me that much of the diseased meat of Newgate Market finds its way to the sausage-makers of Cow-cross. Last week the inspectors seized the carcases of a diseased sheep and a pig which were being carried to a sausage-maker in that locality. The sheep had died from rot; and the pig was covered with small abscesses, like boils, many of which had burst through the skin, and the rest were still full of matter. Both of these animals were in a shockingly diseased state, and, but for the interference of the inspectors, would have been converted into sausages. I have also to state that the slaughter-houses of Cow-cross, which are just outside the City, are a source of great anxiety to the inspectors, from the circumstance that diseased animals are frequently slaughtered there, and brought into the City markets."—*Med. Times and Gaz.*, Dec. 6, 1862.

—

Destitution in the Manufacturing Districts in England.—Respecting the numbers of destitute persons, we have but too accurate information from the report of Mr. H. B. Farnall, the Special Poor Law Commissioner to the Manchester Relief Committee, published in the *Times* of October 28:—

"My tabular report for this week, on 24 unions in the cotton manufacturing districts, shows you that there is an increase in the number of persons receiving parochial relief, as compared with the number so relieved last week, of 9376 persons.

"There are now 186,219 persons receiving parochial relief in the unions adverted to; in the corresponding week of last year, 43,157 were so relieved; there is, therefore, an increase of 143,062 persons in the receipt of parochial relief, or 331.5 per cent.

"Of the above 186,219 persons, 26,248 are able-bodied men.

"The total weekly cost of out-door relief is now £11,626 10s. 9d.; in corresponding week of last year it was £2185 17s.; there is, therefore, an increase of £9440 13s. 9d., or 431.9 per cent.

"The average percentage of pauperism on the population of those unions is now 9.7 per cent.; in the corresponding week of last year it was 2.2 per cent.

"The average amount of out-door relief per head per week in these unions is now 1s. 4d., and the lowest is 1s. 0½d., the highest 1s. 8⅛d.

"On the 21st I reported to you that, during the six preceding weeks, the increase of persons in the receipt of parochial relief in the above union was 35,668 persons. This seventh report gives an additional increase of 9736 persons, so that, in seven consecutive weeks, 45,404 persons have become paupers in these unions.

"I am enabled to state that 47 local committees, formed in the cotton manufacturing districts for the distribution of charitable aid, were, at the date of their reports to me, relieving 174,317 persons; but since the reports were dated distress has increased, and a few other local committees have been formed, so that I have reason to believe these local committees are now aiding about 191,300 persons, and that rather more than one-third of those 191,300 persons are at the same time relieved by the guardians of the poor."

Probably, half a million of people will soon be destitute. To furnish them with the bare necessaries of life, will cost, at the rate of 2s. 6d. per week, £62,500 per week. Half a crown a week is the lowest sum on which anything like health can be maintained. It is the estimate of the weekly cost of a child in the poor hovels of Dorsetshire. It will be safer and cheaper to preserve health by a liberal outlay at first, than to wait till fever steps in, and then run to frantic and costly efforts to heal the sick. The way to produce the worst kind of putrid typhus is this—starve large masses of people, let them get rid of their clothes, be unable to get fuel, and huddle themselves together in close rooms in order to keep out the cold. The recipe is infallible, and the records of Preston show that typhus is beginning its ravages. The monotonous diet of meal is also beginning to cause diarrhœa. Surely, in a national emergency like this, the relief needed ought to come from the pockets of the nation at large. If provided from public taxation, everybody pays. As it is the liberal tax themselves, and the stingy escape.—*Med. Times and Gaz.*, Nov. 1, 1862.

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Duration of Life in Sweden.—From official details just published it appears that the average duration of life in Sweden during the eighteenth century was thirty-four years for men and thirty-seven for women; it is now forty-one and forty-six respectively. This is not owing to any great tendency to longevity, but rather to a diminution of deaths in the earlier stages of life, since only three-twentieths of the number of infants born die in the first year of their existence. Among the causes which have tended to increase the average of life in Sweden vaccination holds the first rank. A hundred years ago one-seventh of the deaths were attributable to smallpox, while now there is scarcely one death in a thousand owing to that disease.—*Lancet*, Oct. 11, 1862.

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Lying-in Hospitals.—There are some facts stated in a late No. of the *Lancet*, (Oct. 18, 1862), which, if confirmed by further statistical researches, should lead to the abandonment of lying-in hospitals.

It is said that during the five years, 1857–1861, 129 women were lost in four small lying-in institutions in London—Queen Charlotte's; British; City of London; and York-road.

"During the same five years, the mortality of the Royal Maternity Charity was 56 out of 18,751 deliveries, or 1 in 335. The great majority of the patients of this charity belong to the most destitute classes, living in the most wretched tenements of the poorest districts in London. Certainly they include a fair proportion of bad cases, in an obstetrical sense. It is not easy to conceive why the deaths should be more numerous in a given number of patients delivered in hospitals than in a like number drawn from the same class of society delivered at their own homes, unless we imagine some special lethal cause to exist in the hospitals. It is too well known that such a special cause does exist. Puerperal fever, although at times occurring in isolated cases, or even presenting some features of an epidemic character amongst the general population, may be regarded as a peculiar product of lying-in hospitals. There can be no doubt that a large proportion of the 163 hospital deaths referred to above were due to puerperal fever of a nosocomial kind. In an excellent paper on Puerperal Fever published by Dr. Tilbury Fox in the last volume of the *Obstetrical Transactions*, we find that the average number of deliveries during twenty-eight years in the York-road Hospital was 208 yearly; and that during this time the total deaths (180) exhibit an average of 3.085, or exceeding 3 per cent. of labours. Such a result is fearful to contemplate; it becomes shocking when we reflect that this sacrifice of human life is artificially produced, and that it may therefore be prevented. If we apply the imperfect data in our possession to the estimation of the death-rate in the four lying-in hospitals during the last five years, we may conclude, without risk of serious error, that the total deliveries did not much exceed 5000. This number has to bear 129 deaths, which gives a death-rate of 2.6 per cent. Now the death-rate of the Royal Maternity Charity during the same five years was barely 3 per mille. Hospital midwifery in London is therefore nearly ten times more fatal than home midwifery. During these five years, the total deaths from puerperal fever in the practice of the Royal Maternity Charity amounted to 14 only, and that out of 18,751 labours. This number of labours conducted in lying-in hospitals would have yielded nearly 500 deaths instead of 56. As it is, confining calculation to the estimated 5000 hospital labours, it may be affirmed that they exhibit an excess of 114 deaths, all of which may be ascribed to inherent hospital conditions.

"These are facts that cannot fail to suggest serious reflections. In the interest of humanity—in the cause of charity, in whose name hecatombs of unhappy trusting women have been destroyed—we ask, Are lying-in hospitals necessary?"

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St. Thomas's Hospital.—The annual income of this hospital is said to be nearly two hundred thousand dollars.

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A Coroner on Crinoline.—The Bristol Coroner, Mr. J. B. Grinden, has got into terrible hot water with his fellow-citizens by a remark he made at an inquest lately on the body of a young woman who had lost her life through her crinoline catching fire. The learned gentleman is reported to have said, "That absurd practice of distending their dresses was only excusable in one particular case, and whenever he (the Coroner) saw any woman, except those of rank and importance, dressing in crinoline, he took it for granted that they were endeavouring to hide the discredit which, under peculiar circumstances, would attach to a young unmarried woman. Certainly he might be mistaken, and perhaps he was in some instances; but if a woman rendered her appearance hideous, which ought to be becoming, one could scarcely help drawing an inference which he, for one, thought very natural."

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURES.

Clinical Lectures on Rheumatism.—Delivered at St. George's Hospital. By HENRY WM. FULLER, M.D., Physician to the Hospital.

GENTLEMEN: Within the last few months several cases of acute rheumatism have been admitted into the hospital, presenting features of peculiar interest, and I feel that we cannot occupy our time to-day more profitably than by recalling the symptoms by which the different varieties were marked, and discussing certain points relative to their pathology and treatment.

The first case which I propose selecting as a text for my remarks, is that of E. H—, aged twenty, who was admitted into the Holland ward on the 7th of March. Five days prior to admission she had been attacked by shivering, followed by pain, redness, and inflammatory swelling of several of the larger joints. She was placed at once under medical treatment, but did not obtain the slightest relief, and at the date of her admission into the hospital, the pain and inflammation in the joints were more acute than even at the commencement of her illness.

When I first saw her she had not slept for five nights; her countenance was expressive of great suffering; the skin was intensely hot and dry; the feet, ankles, hands, and wrists, were all red, swollen, and exquisitely painful, the swelling being principally external to the joints; the catamenia were reported regular, and the bowels costive; the tongue was red and coated; the urine high coloured, almost clear, acid, and highly albuminous, specific gravity 1033; pulse 124, of good strength; the heart's action was regular, and its sounds were clear. I prescribed beef tea as her diet, and gave her the following draught every four hours: Bicarbonate of potash, a drachm and a half; acetate of potash, half a drachm; nitrate of potash, one scruple; in a two

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ounce draught of acetate of ammonia, to be taken in a state of effervescence, with one scruple of citric acid. A pill composed of calomel, three grains; opium, half a grain; potassio-tartrate of antimony, half a grain, at bedtime; and a senna draught, containing half an ounce of potassio-tartrate of soda, the following morning.

She passed a restless night, and the next day was in much the same state as on admission, except that the skin was perspiring freely. The urine was still acid, and the bowels had not been freely moved. The mixture, therefore, was repeated, and the following pill prescribed: Calomel, compound colocynth pill, of each five grains; to be made into two pills, and taken at bedtime.

On the following day (the 9th) the bowels acted freely, the pains were much relieved and she was sweating profusely.

On the 10th I find a note by my clinical assistant: "Has slept well; pains almost gone; bowels relieved; urine alkaline, scarcely albuminous; heart's sounds clear." Repeat the draught every six hours. Ten grains of compound ipecacuanha powder at night.

On the following day, as the urine continued alkaline, the draught was given twice only in the twenty-four hours, and on the 13th, I find a further note: "Is up and dressed to-day; states that she is hungry; pulse 76, soft; urine abundant, pale, clear, alkaline, no longer albuminous, specific gravity 1015." From this time she was convalescent. The cinchona draught, with the addition of one scruple of bicarbonate of potash, was given three times a day, and a more generous diet was permitted; so that by the 21st she was taking the "ordinary diet" of the hospital. On the 26th she left the hospital, having been some days free from rheumatism.

Now, there are several points, gentlemen, in relation to this case to which I would direct your attention. You are aware that in all cases of disease, and especially in those which are connected with a morbid condition of the blood, one of our principal objects ought to be the promotion of a free action of the excretory organs. These are the channels through which all effete and morbid matters are thrown out of the system; and if we cannot check the formation of such matters, it is only by means of the excretory organs that we can hope to rid the system of their presence, and so put an end to the sufferings of our patient. In this particular instance two of these channels were altogether obstructed. The skin was dry; the bowels were costive. My first efforts therefore had to be directed against this unfavourable condition of the excretory organs. There could not be a doubt as to the necessity for a purge, but it did admit of a question as to how a free diaphoresis should be induced. Venesection would propably effect the object, but it would weaken the patient and retard recovery. A vapour-bath might also accomplish the purpose; but not unfrequently when there is much febrile and vascular excitement, this agent fails to produce free cutaneous action, and even if it does give rise to perspiration, the action so induced is apt not to continue. Further, dryness of the skin appears in some instances to depend upon the vascular tension resulting from a loaded, inactive condition of the excretory organs; and as this may be relieved by brisk purging, I determined to try the effect of this treatment, aided by a full dose of tartarized antimony. The result was just what I had anticipated. As soon as the bowels had been unloaded and the vessels relieved by an abundant watery flux from the intestines, a copious perspiration broke out, and rendered further interference with the skin's action unnecessary. You will have noted the same fact in several other cases under my care, and it is an important practical point for your consideration.

The amount and character of the remedies prescribed, and the form in which they were administered, are other points deserving of attention. You will have observed that whenever I have to deal with a case of acute rheumatism, my aim is to induce alkalinity of the urine as speedily as possible. Experience has shown me that as soon as a full alkaline action has been induced, as indicated by alkalescence of the urine, the heart is safe, and no fear need be entertained of its suffering from the irritation of the rheumatic poison. In no single instance has a patient of mine been attacked with endocarditis or pericarditis after the urine has shown an alkaline reaction. But in a case of acute rheumatism in which febrile action runs high, and the urine is loaded with lithates, it is not an easy matter to induce alkalinity of the urine. Alkalies may be given in moderate quantities without producing the slightest apparent effect on the urine, without in any degree modifying the general symptoms of the disease, and without affording the slightest protection to the heart. In this instance, as in other cases, half measures are useless, or worse than useless; they fail to effect the object in view and yet suffice to lull the patient and his medical attendant into a false and unwarrantable security. To be of any service, alkalies must be rapidly pressed to the fulfilment of the object for which their administration is had recourse to. They must be given in doses proportioned to the intensity of the mischief they have to remedy, and must be repeated as frequently as occasion may require. Ordinarily I find that two drachms of some alkaline carbonate or its salts, if repeated every three or four hours, will suffice to induce alkalinity of the urine within twenty-four hours, and this, therefore, as in the case of E. H——, is the dose with which I generally begin, taking care to add a few grains of citric acid, with a view to induce effervesence, and render the medicine less unpalatable. Sometimes, notwithstanding these full doses of alkali, the urine will remain acid for thirty-six or forty-eight hours; but this is only in very aggravated cases, and when the bowels are costive, and it must be regarded as an exception rather than as the rule.

When once alkalinity of the urine has been induced, the dose of the alkali should be greatly diminished, and this may be accomplished either by reducing the quantity of the salt in each dose which is administered, or by giving the original medicine at longer intervals. Ordinarily I adopt the latter plan, inasmuch as it answers just as well as the former, and causes less annoyance to the patient. Thus in the case of E. H——, the remedies, which were prescribed every four hours on the patient's ad mission into the hospital, were repeated every six hours on the 10th of March, and on the following day, as the urine still continued alkaline, were given only twice in twenty-four hours.

Another point to which I would call your attention is the early administration of bark. This feature of the treatment is not peculiar to the case of E. H——. You will have remarked it in almost every instance in which I have had to treat rheumatic fever, and I think you will admit that the result is satisfactory. The indications for its administration are, the condition of the urine, the state of the skin, and the character of the pulse. When, as in the case of E. H——, the urine is alkaline, and has remained so two or three days, notwithstanding the great decrease in the quantity of alkali exhibited, and when at the same time the skin, though warm, and possibly perspiring, is no longer hot as during the full febrile stage of acute rheumatism, and when, further, the pulse, though still more frequent than natural, has lost its force and fulness, then, notwithstanding the furring of the tongue, the administration of cinchona will prove serviceable. If, under the circumstances just named, the tongue remains much furred, the probability is that active purging will be required; but the exhibition of bark will not thereby be contraindicated. You have seen this fact exemplified so often, and have so frequently had your attention directed to it, that I feel almost ashamed of alluding to it again; but it is a point on which erroneous views are commonly entertained, and therefore it cannot be too earnestly or too repeatedly pressed upon your notice. The bark effects a double object. It sustains the patient's strength without heating or exciting him, and it appears in some way to modify the morbid actions whereby the continued formation of the rheumatic poison is brought about. At an earlier stage of the attack it seems to increase the general derangement. and acts prejudicially; but when the patient has been five or six days under treatment, and the results above prescribed have been produced, I have seldom seen it otherwise than beneficial. The only precautions necessary will be found to be, that throughout the period of its administration a full action of the bowels should be secured daily: and that until the tongue has thoroughly cleaned, and the pains subsided, sufficient alkali should be given with it to keep the urine slightly alkaline.

The preservative influence of alkalies over the heart was first pointed out in my work on Rheumatism: but at the time when the first edition of that work was published, I scarcely dared anticipate the marvellous success which extended observation has proved to attend their administration. I then stated that they exercised a sedative influence over the heart, and prevented the extension of inflammation to it: but the facts which I had then collected were not sufficiently numerous to enable me to affirm, as I now do with perfect confidence, that, if duly administered, alkalies will entirely prevent the access of cardiac mischief. You are all aware that they have protected the heart from attack in every case which has come under my care, in the wards during the period of your studentship; but you are not probably aware that the same immunity has been observed in the cases under my charge ever since I was appointed physician to the hospital. No patient of mine whose heart on admission was free from mischief has left the hospital with that organ damaged. Our resident medical officers and our successive medical registrars can all bear testimony to this fact, and its importance can scarcely be over estimated. When one considers the vast amount of suffering entailed by rheumatic affections of the heart—when one looks around our wards and finds them filled with patients suffering from palpitation, asthma, and dropsy, resulting from disease of the central organ of the circulation—disease which originated, perhaps years ago, in an attack of acute rheumatism,—I say, when one reflects on these facts, one cannot feel too grateful to Almighty God for having placed in our hands the means of preventing so much suffering, and of preserving thousands from a premature grave. Let me briefly refer to the statistics of the subject, and you will then become aware how great is the value of this power of preventing the accession of cardiac disease. The statistics which I will lay before you are recorded in my work on Rheumatism and Rheumatic Gout, and relate to cases which occurred in St. George's Hospital during the period of my registrarship, and before the employment of the full alkaline treatment: From the 1st of January, 1845, to the 1st of May, 1848, there were admitted into the hospital, under the care of the then physicians, 246 cases of acute rheumatism; and amongst these there occurred 12 instances of pericarditis alone, 27 instances of endo-pericarditis, and 75 cases of endo-carditis alone; in other words the heart was damaged to a greater or less extent, as the result of the attack for which they were admitted, in no less than 114 patients, or in 1 out of every 2.1 cases; its pericardial covering being the seat of inflammation in 1 out of every 6.3 cases, and the endocardial membrane covering its valves in as many as 1 out of every 2.2 cases.[1] Nor are the results of our experience at St. George's inconsistent with those of other observers. Dr. Latham at St. Bartholomew's, and Drs. Basham, Wm. Budd, Taylor, and others, have arrived at nearly the same conclusions; so that you may regard the fact as admitted, that under ordinary circumstances the heart is damaged to a greater or less extent in at least one-third of all cases of acute rheumatism. Contrast this fact with that which I just now brought before you—namely, that by the judicious employment of alkalies this cardiac affection may be almost wholly if not entirely prevented, and you will then be in a position to judge of the vast importance of this discovery. No step in advance at all equal to it has been made of late years in practical medicine; no change of treatment of any disease can be pointed to which will bear comparison with it in its effect of warding off human suffering and obviating the tendency to untimely death.

I am the more anxious to impress this fact upon your minds because as yet it is not generally known or appreciated by the profession, and you will often hear it denied or called in question by those who have not employed the alkalies in the doses and in the manner I have pointed out, and who, consequently, are ignorant of the marvellous influence, which, when thus administered, they exert over the disease. Some will tell you that this immunity of the heart from attack, which I attribute to the effect of the alkalies, is merely apparent—the result of fortuitous circumstances, and that a more extended series of cases from which a proper average could be deduced would show an average amount of heart affection. But, gentlemen, that is not so. My experience now extends to 194 cases, and in no single instance has any heart-affection occurred after the patient has been under treatment twenty-four hours. It is ridiculous to state that such a series of cases does not afford conclusive evidence on the subject, when the recorded observations of the profession show that, under ordinary treatment, some heart affection occurs in one out of every two or three cases. No more decisive evidence can be adduced of any fact within the range of medicine! Nevertheless, vague and careless statements to the contrary are often hazarded by those who have either not made trial of the alkalies at all, or have administered them in small and inefficient doses; and I would, therefore, urge you to avail yourselves of your present opportunity of verifying my statement, and noting the effect of my treatment at the bedside. Thus when your career at the hospital is ended, and you pass on to the responsibilities of practice, you will feel infinite satisfaction at knowing that there is at least one disease which you can control, and through which, though ordinarily pregnant with danger, you can conduct your patient in perfect safety, and without feeling the least anxiety yourself.

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[1] For further statistics on rheumatic affection of the heart, see Dr. Fuller's work "On Rheumatism, Rheumatic Gout, and Sciatica," third edition, pp. 257—284.

There is yet another point in relation to the case of E. H——, to which I would specially direct your attention. I refer to the albuminous condition of the urine. On her admission into the hospital, the urine was extremely albuminous, becoming almost solid in the test-tube on the addition of nitric acid, and its specific gravity was 1033. After she had been three days under treatment, my clinical assistant reported that it was alkaline and scarcely albuminous, and on the sixth day it was "abundant, pale, clear, alkaline, no longer albuminous, and its specific gravity 1015." Here, then, we have evidence of an albuminous condition of the urine due to renal irritation and congestion caused by the action of the rheumatic poison—an occurrence not *a priori* improbable, but one nevertheless not commonly met with. I wish you to note the fact, and bear it constantly in mind; as, if you are not alive to the possibility of such an occurrence, and you chance to discover a large amount of albumen in the urine, you may jump to a wrong conclusion respecting the nature of your patient's malady. In several instances within my own knowledge in which albumen has been discovered in the urine at one or two examinations under these or similar circumstances, patients have been told by their medical attendants that their kidneys were diseased, when in truth these organs were perfectly sound, though for the time functionally deranged. A few years since Dr. Parkes undertook an investigation into the state of the urine of patients admitted into the University College Hospital suffering from a variety of severe disorders; and in the *Medical Times and Gazette* for 1859, where he has recorded the results of his observations, he tells us that albumen makes its appearance in the urine for a longer or shorter period in a large proportion of all acute disorders. My own experience leads me to indorse this statement, and to warn you against being misled by the existence of albumen in the urine at one or two examinations, more especially when febrile action is going on in the system, and the specific gravity of the urine is high. Such a condition of urine is by no means uncommon under the circumstances named in persons whose kidneys are organically sound. But in no class of patients will you see the fact exemplified more strongly than in those who are suffering from acute rheumatism, and in none certainly would you be more likely to be misled if you were unaware of the possibility of such an occurrence. In the case of E. H——, which we are now discussing, the amount of albumen was very considerable; and in a case which occurred in University College Hospital, and which is recorded by Dr. John Taylor in the twenty-eighth volume of the *Medico-Chirurgical Transactions*, "the urine was not albuminous in the patient on admission, but in a short time it became so highly charged with this principle as to assume a solid form when heated, and its specific gravity at the same time amounted to 1050. After a few days more, no trace of albumen remained, and the urine had assumed its ordinary appearance and density." Remember, then, that the presence of albumen in the urine during the course of acute rheumatism is not necessarily indicative of organic disease of the kidneys; that it may be, and, if the specific gravity of the urine is high, it probably is, due to temporary congestion of the kidneys; that no special treatment is ordinarily needed for its relief, but that alkalies by getting rid of the materies morbi, and thus removing the cause of local irritation and congestion, will usually suffice to rid the patient of its presence in the course of a few days. Nevertheless, in any case in which the skin is dry a vapour or a hot-air bath should be resorted to; and if the urine contains blood and gives evidence of intense renal congestion, the aid of dry cupping on the loins may be invoked with the view of more rapidly subduing the mischief.

(*To be continued.*)

HOSPITAL NOTES AND GLEANINGS.

Employment of Telegraph Sutures in closing Wounds.—Mr. Clover has introduced a new form of suture, which appears to possess many advantages over those ordinarily employed, whether of silk, thread, or metal. It consists in the adoption of a very fine copper wire covered with gutta-percha—in fact, a minute telegraphic wire, and therefore receiving the name of "telegraph sutures." We have seen them used in a number of cases at University College Hospital, wherein Mr. Clover was himself allowed to apply them, because, as we heard Mr. Erichsen remark, it was but fair to allow the inventor to show the application of his own invention.

One of the first cases which came under our notice was one in which Mr. Erichsen removed a tumour the size of an orange from the right parotid region of an elderly man on the 22d of October last. The growth, although movable, was situated in a region requiring care to excise it, for it lay between the angle of the jaw and mastoid process, and did not dip behind the former. The tumour proved rather hard on making a section, and was fibro-nucleated in character—a form that is considered to be somewhat rare. The incision used was ⊥ shaped, and this was closed with a fine telegraph wire, in the continuous or Glover's suture, by Mr. Clover; a small portion being left open to permit of the drain of secretion.

On the 17th inst. the edges of a double hare-lip in an infant were pared by Mr. Erichsen, and evenly brought together by deep interrupted telegraph sutures by Mr. Clover. These, the former gentleman remarked, leave no scar—nothing at all like the hare-lip pin. He further stated that he had used them on the face of a gentleman from whom he had removed a tumour ten days previously, and no cicatrix was visible. He had also employed them in other cases. The silver wire, he observed, has the disadvantage of being very rigid, and does not tie well. The telegraph wire, on the contrary, is quite soft, and forms a knot like ordinary silk thread; it can be cut like silk, and be as readily taken out; it can, moreover, be used with a fine sewing needle.—*Lancet*, Dec. 22, 1862.

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Neuroma of the Sole of the Foot ultimately treated by Pirogoff's Operation.—The patient was a man thirty-three years of age, who had been an inmate of St. Bartholomew's Hospital under the care of the late Mr. Stanley in June, 1861. Three years before that Mr. Stanley removed a tumour from the sole of the foot, which had been the source of constant pain ever since he was a youth. This was found to involve the internal plantar nerve, and no doubt was neuromatous, although the tumour was somewhat erectile in character. He remained quite well and free from pain for a year, when another tumour began to form and the old pain returned, and thus it continued for two years. On the 22d of June, 1861, Mr. Stanley made an incision on either side of the tumour, and wholly removed it, together with a portion of skin. It was about the size of an elongated pigeon's egg, and seemed to be fibrous in structure.

The disease subsequently returned, and the man was such a sufferer that the anterior part of the foot was removed by Pirogoff's operation by Mr. Paget on the 10th of August following. As on a previous occasion, he was very obstreperous whilst taking chloroform. A large fungous granulation had sprung up in the site of the old wound.

June 15th, 1862.—We learn that this case did uncommonly well; the bone of the heel firmly united to the tibia, and a good and useful limb was obtained for progression. He had been seen by Mr. Paget very lately. That gentleman has also had an equally good and successful case of Pirogoff's operation since the foregoing.—*Lancet*, Dec. 27, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Breech of a Gun imbedded in the Bones of the Face for Eight Years.—The *Boston Med. and Surg. Journ.*, Jan. 15, 1863, contains an account by Dr. J. N Fraser, of a case in which he removed from the face the breech of a gun which had remained imbedded in the part for eight years. The patient recovered.

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Army Medical Society.—A society with this title has been established at Washington. This society "owes its origin to the far-sighted and thoughtful suggestiveness of the General Secretary (of the U. S. Sanitary Commission), who, at an early day, invited the Surgeon-General and the other surgeons on duty in the District, to meet the members of the Commission, at these rooms, for friendly conference upon the matters of common interest connected with the administration of the General Hospitals. The meetings have been fully attended, and the result has been the formation of a permanent society, which, with a very simple organization, takes cognizance of all matters relating to the hygiene, the administration of military hospitals, and the care of their inmates. The active members comprise the Surgical Staff within the District, and some of the officers of the Commission: but it affiliates to itself, *as associates, all the Surgeons of the Army and Navy*, and all the *Medical* members of the Commission, inviting them all to contribute to its stores of knowledge, and inviting them to partake freely of its benefits."

The Surgeon-General, Dr. Hammond, is the president of the society.

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Lectures on Insanity.—Dr. John E. Tyler, the medical superintendent of the M'Lean Asylum, delivers this winter, to the class of Harvard University, a course of lectures on insanity.

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American Journal of Ophthalmology.—Dr. Julius Honeberger, of New York, has had the courage to commence the publication of a bi-monthly journal devoted to ophthalmology. Three numbers have already appeared. They contain much useful information, almost entirely derived, however, from foreign sources. We trust the editor will be rewarded for his enterprise.

FOREIGN INTELLIGENCE.

Apiol, a Substitute for Quinine.—MM. Joret and Homolle have presented to the Society of Pharmacy at Paris a new remedy, to which they have given the name apiol, and which they claim to have the medicinal properties of Peruvian bark. The new product is obtained from common parsley seeds, the mode of preparation of which they have appended to their report.

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Antidote to Strychnia.—M. Kurzak, in the *Journal de Chimie Médicale*, concludes from his experiments that if administered in time, tannin is an excellent antidote for this subtle poison. It is necessary to give twenty or twenty-five times as much of the antidote as of the poison; and in actual cases of poisoning, it would be prudent to give much more. Infusion of galls may also be given with advantage. An infusion of black tea even is efficacious, if the dose of strychniæ taken be small; coffee has the same property, but in a less degree. The author also recommends acorns, chestnut bark, willow bark, tormentilla root, and the root of the carnation, as applicable to the same purpose, from their richness in tannin.

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Ovariotomy in London.—Ovariotomy seems to be prevailing epidemically in London. The number of the *Lancet* for Dec. 20th last, contains notices of 75 cases of this operation. Of these, 43 are said to have recovered and 26 were fatal; in three cases the operation was commenced but not completed, and in 3 an exploratory incision was made in aid of diagnosis, in one with a fatal result.

In connection with this subject we must not omit to notice the *modesty* of the Editor of the *Lancet*, who, in an editorial in the number just quoted, claims Ovariotomy as *a triumph of British Surgery!* He observes: "This noble operation—for the saving of 50 per cent. of poor creatures from absolutely impending death surely deserves the epithet—is essentially a triumph of British Surgery."

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Chemistry of Opium.—Prof. T. Anderson, of Glasgow, enumerates nine well determined substances obtained from opium: morphine, codeine, papaverine, narcotine, thebaine, narceine, meconine, meconic acid, and theobolactic acid; besides three doubtful—pseudo-morphine, porphyroxine, and opianine. Professor Anderson commenced the study of this subject in 1850, and has communicated the results of his experiments in a valuable memoir in the *Journal of the Chemical Society*.

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Cæsalpinia Bonducella.—The Société d' Acclimatization has introduced into France the seeds of the Cæsalpinia Bonducella or Natha plant, which according to their correspondent, Mr. Hayes, is much used in India as a specific for intermittent fever. The plant is a small creeper producing a nut, the kernel of which is extremely bitter, and is said to possess in an eminent degree the qualities of Cinchona bark, being also slightly aperient. The mode of employing it is to reduce one of the seeds with three or four peppercorns to a paste to be taken three or four times a day, with "cherettah-tea" (Gentiana chirayta.) Native physicians employ the Natha as a tonic in a powder, mixed with spices and castor-oil. Externally the seed is applied to cases of hydrocele. At Amboyna, it is used as a vermifuge, and the roots as a tonic in dyspepsia. In Cochin-China it is used as a deobstruent, and the oil extracted from the leaves is considered to be useful in paralysis. It is proposed to cultivate the plant in Algeria and the south of France, and thus place in the hands of the physician a cheap and powerful substitute for the Cinchona bark.

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Smallpox in London. Trial of Sarracenia Purpurea—its entire failure.—It is stated (*Med. Times and Gazette*, Dec. 20, 1862) that there was a rather serious outburst of smallpox at the West End of London in November last. It began in a boy of seven, living at Lloyd's place, Brompton, who was removed to St. George's Hospital, in an early stage of the disease, under the idea that he was suffering from "fever." When the eruption manifested itself it was determined to keep him in the hospital in a private room in order to try the effect of the *sarracenia purpurea.* This remedy unluckily did not produce the effects expected; and, whilst it was on trial, four patients, who were in the hospital for other diseases, and one student, became ill of the smallpox. The patients were at once transferred to the Smallpox Hospital. About the same time, twelve other cases of smallpox occurred in the lower part of Belgravia amongst the Irish population—one case fatal, and one case in a respectable family in Park-lane.

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M. Nelaton.—The credit which this eminent French surgeon has gained for his country and for himself, by his correct diagnosis and successful treatment of Garibaldi's wound, has prompted the workmen of Paris to offer him the nomination of a member of the Chamber of Deputies. The following reply, which he made, shows such good common sense, that high as we esteemed his surgical ability we find our confidence in it further increased; for one who shows such good judgment in the affairs of life must have the same in the province of his profession. We trust the lesson it affords, moreover, may not be entirely lost in this country, however novel such a course might be.

"Gentlemen,—I feel much gratified at the step you have taken, but I must confess that it astonishes me as much as it does me honour. I do not well see how my knowledge of surgery can have made you imagine that I am qualified for the mission with which you wish to invest me, or how I should have suddenly become a political economist, a financier, and a legislator, because I have discovered the presence of a ball in the foot of a wounded man. If the object in view were to appoint me surgeon to the Chamber, that would be a different affair; but the business of a Deputy is what I have never learnt in Hippocrates, and for which, to speak frankly, I have no taste. I am even convinced that the affairs of the country would not go on better, and that my patients, being neglected, would fare the worse. I must, therefore, while thanking you for what you have done, declare that you propose to me an honour which it is impossible for me to accept."

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Rose-coloured Teeth.—Prof. MORITZ HEIDER, of Vienna, relates that two girls (twins), who were placed under his care, had teeth of a peculiar rose-colour. On the shedding of the first teeth, the permanent set also appeared of the same rose-red colour, and only paled off after some years, never losing the reddish tint entirely. This appearance is difficult to account for, as no other members of the family shared the same peculiarity, nor was there any difference in the mode in which they were brought up.

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Illegitimate Births.—The illegitimate births per annum, in London, is 4 per cent.; in Paris, 33 per cent.; in Brussels, 35 per cent.; in Munich, 48 per cent.; and in Vienna, 54 per cent.

The Registrar General of Antigua reports that during the quarter ending Sept. 30th, last, there were 194 births, of which 100 were illegitimate. The number of deaths during the same quarter was 460.—*Lancet*, Jan. 10, 1863.

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CLINICS.

CLINICAL LECTURES.

Clinical Lectures on Rheumatism.—Delivered at St. George's Hospital. By HENRY WM. FULLER, M.D., Physician to the Hospital. (Concluded from p. 13.)

We will now pass on to the case of W. L——, aged sixteen, who was admitted into the King's ward on the 7th of February. This boy had been attacked a week previously with wandering rheumatic pains, which in the course of two days were accompanied by swelling, redness, and exquisite pain in both knees and ankles. The inflammation of these parts had continued ever since, and the left wrist had also become inflamed and swollen. On admission, the skin was hot and perspiring freely; the tongue furred and white; the bowels were reported regular; the urine was acid, high coloured, and loaded with lithates; and the pulse was 120, full, bounding, and regular. A slight systolic murmur accompanied the sound of the heart at the apex, and at the right and left base. I ordered beef-tea as his diet, and an *ad libitum* supply of barley-water; and prescribed the following medicines: Colocynth-with-calomel pill, ten grains immediately. Bicarbonate of soda, one drachm and a half; water, two ounces: to be taken every four hours with one scruple of citric acid. The bowels acted freely, and on the following day the pains were easier; but the urine was still acid. The remedies were therefore continued as before.

On the 9th, the redness and swelling had almost disappeared, the pulse had fallen to 90, and the urine was alkaline. The medicine therefore was repeated only three times in twenty-four hours.

On the 11th, or, in other words, on the fifth day of the treatment, I find the following note by my clinical assistant: "Is quite free from pain; skin warm, but no longer hot; pulse 86, of moderate power; urine alkaline; bowels open; murmur scarcely audible." I therefore gave him fish for his

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dinner, and substituted the cinchona draught with half a drachm of bicarbonate of soda for the effervescing draught which he had hitherto taken.

From this time he was convalescent. On the 13th he was permitted to get up and dress, and on the 19th he left the hospital. On the day prior to his discharge from the hospital, the heart was again carefully examined, and the murmur was not heard at the apex and at the right base, but was still audible at the left base and in the course of the pulmonary artery.

Now you will observe that though in this case I made use of different medicines from those I employed in the case of E. H——, yet that the same general plan of treatment was pursued. Alkali was administered in full doses frequently repeated until alkalescence of the urine was observed; the dose of the alkali was then diminished, and as soon as the urine was found to continue alkaline under the reduced quantity of the alkali, and the skin had lost its heat, and the pulse its extreme frequency, the cinchona draught was given in combination with moderate doses of alkali.

But there are one or two other points relative to this case to which I would particularly direct your attention. In the first place soda was the alkali administered, and not a grain of potash was given, throughout the attack; in the second place an endocardial murmur was present both at the base and apex of the heart on admission, and yet no treatment was adopted specially with a view of getting rid of it.

The administration of soda is not in accordance with the theory which attributes rheumatism to a deficiency of the salts of potash in the system; neither is in harmony with the practice of those who admit the value of alkalies, but confine themselves to the administration of potash, as forming compounds excessively soluble, and therefore capable of being easily eliminated from the system. But, in truth, I do not admit the theory referred to, neither do I consider that the sole object to be attained in the administration of alkalies is the neutralization of acid, and the formation therewith of compounds capable of being easily eliminated from the system. The virtue of alkalies, I believe, depends upon the power, 1st. of acting as restorers of the alkaline condition of the system; 2d, of assisting to maintain the solubility of the fibrin, and thereby preventing its deposition on the valvular apparatus of the heart; 3d, of acting most powerfully as sedatives, and calming the action of the heart and arteries; 4th, of increasing the metamorphosis of tissue, of modifying the chemical changes going on in the blood, and of proving active provocatives of an increased secretion of urine, whereby the elimination of the materies morbi is assisted.[1] And if this be so, there is no difficulty in perceiving that, *à priori*, soda is just as likely as potash to effect the object we have in view. That it proves so practically you have seen, in the beneficial influence which it exerted in the severe case now under consideration, and in many other cases which, for the sake of experiment, I have treated in this hospital with soda alone. But my impression, founded on practical observation no less than on theoretical considerations, is in favour of giving the mixed alkalies. We know that potash alone will cure the disease, and you have seen that soda alone will exert an equally curative power, and inasmuch as these agents operate not merely as antacids, but rather as modifiers of the chemical changes whereby the formation of the materies morbi is brought about, and as soda differs entirely from potash in its chemical properties, it is only reasonable to suppose that the one agent must exert an influence on the economy which could not be produced by the action of the other, however largely administered. If I am correct in this view, and it be admitted that potash and soda exert a modifying influence each in its own peculiar way, it follows, unless the influence exerted by the one salt interferes with that produced by the other, that the joint action of these agents must be more satisfactory in its results than the action of either of them taken separately.

It may perhaps occur to you that, if potash and soda are each capable of effecting the cure of acute rheumatism, ammonia may possess a similar power, and may possibly exert an influence more potent than either the one or the other. I have tried the question fairly in several cases, and those of you who watched the case of S. R——, aged forty-eight, who was admitted into the Roseberry ward on the 18th of last October, will have formed your own conclusions on the subject. To satisfy some gentlemen as to the effect of ammonia, I gave this woman every three hours half a pint of liquid containing four ounces of the solution of acetate of ammonia, and an excess of one drachm of carbonate of ammonia. This she took regularly until the 26th, when, although the pulse had fallen from 120 to 90, the pains had not abated, and the urine continued acid. Potash was then administered, and within two days the urine was alkaline and the pains were much relieved. The truth appears to be that, although ammonia behaves as an alkali when in contact with an acid, and therefore neutralizes any acid which is present in the stomach, it does not operate as an alkali in the system, for it not only fails to render the urine alkaline, but it fails also to exert the modifying influence over the chemical changes which is necessary to get rid of the disease. Administered alone, therefore, ammonia will not suffice to arrest an attack of acute rheumatism, but it exercises a power of maintaining the fibrin of the blood in solution beyond comparison greater than that exerted by potash and soda,[1] and therefore I never fail to give it in conjunction with the other alkalies, except when I prescribe each alkali separately for the purpose of experiment. Whether a more satisfactory result is obtained by the joint use of these several alkalies than by the use of each of them separately, it is very difficult to determine by numerical calculation, inasmuch as the inquiry demands the observation of each mode of treatment in a larger number of cases than falls to the lot of any one physician. Be that as it may, however, the more I see of this once formidable disease, the more convinced do I become that in the judicious employment of alkalies we have a complete and efficient antidote not only to the continuance of the articular symptoms, but to the occurrence of cardiac complications.

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[1] For facts illustrative of this view, see my work on Rheumatism, Rheumatic Gout, and Sciatica, 3d edit., pp. 113—139.

This brings me to the last point on which I mean to speak to you to-day—namely, the existence of endocardial murmurs in the case of W. L——. Systolic murmurs of functional origin are not uncommon both at the base and apex of the heart in connection with acute rheumatism; they are much more common than is usually supposed, and I fear have often led to leeching, venesection, and other antiphlogistic and depressing treatment. Time was when a systolic murmur at the left apex was always regarded as indicative of organic mitral mischief, and even in the present day the same impression respecting it is extensively prevalent in the profession. But of its fallacy there cannot be a doubt; for although it is impossible to prove that the valves may not become inflamed and swollen, and then subsequently resume their natural condition, without the occurrence of permanent organic mischief—nay more, although the possibility of such an occurrence must be admitted, we are bound nevertheless by the results of pathological inquiry to maintain that complete recovery under these circumstances is extremely rare. But the appearance of systolic murmurs both at the apex and base of the heart is a matter of every-day occurrence in the course of acute rheumatism, and so also is its disappearance after a few days of alkaline treatment; and the supposition that a murmur due to organic mischief will cease under treatment so frequently and so readily as you have seen it do in many of the cases admitted into the hospital under my care is repugnant to all that is known respecting organic murmurs. Thus we come back to my original statement, that functional systolic murmurs are of frequent occurrence in acute rheumatism, and are apt to mislead the unwary practitioner into the belief that inflammation of the endocardium has been set up.

You may fairly ask me in what respect these functional murmurs differ from murmurs referable to organic mischief; and, to apply the question to the case under consideration, you may ask me to point out what evidence there was which induced me to regard the murmur which existed in the case of W. L—— as functional, and therefore not requiring any local or special treatment. The question may be briefly answered. The heart's action was steady and regular; there was no precordial pain or uneasiness; there was none of the peculiar anxiety of countenance which usually attends endocardial inflammation; and the murmurs, though they existed on the patient's admission into the hospital, and possibly may have been present for some days previously, were comparatively slight and of a soft blowing character, whereas if they had been due to endocardial inflammation they would probably have been louder and harsher. I do not wish you to understand by this statement that it is possible to diagnosticate between a functional and an organic murmur at a first examination, or to suppose that in the case under discussion there was anything which would have justified me in stating that the murmurs were not due to organic disease. But there was enough, as already stated, to justify the gravest doubt on the subject, and to warrant some delay before active antiphlogistic treatment was adopted. And inasmuch as alkalies are excellent remedies in endocardial inflammation, I felt no hesitation in trusting to their agency for twenty-four hours, and waiting to see what the course of the murmurs would prove. For time is a great assistant in the diagnosis between functional and organic murmurs. The murmurs due to functional causes would probably maintain pretty much the same characters after the lapse of twenty-four or forty-eight hours, or if any change were noted in them, it would probably be a diminution of their intensity; whereas if they were referable to endocardial inflammation, the mischief within that time would have made great progress, and the murmurs would probably have become harsher and more intense, and the action of the heart more or less disturbed. Practically, I believe that, provided alkalies are administered internally, little harm would accrue to a patient with commencing endocardial inflammation from the delay of a few hours before having recourse to any local or special measures for his relief; whilst, on the other hand, I am satisfied that in these cases the "nimium medici diligentia" is often productive of unnecessary suffering and undue depression, which is most earnestly to be deprecated. Therefore, although when a murmur—especially an endocardial murmur at the apex—arises in the course of acute rheumatism, and coincidently with its commencement pain occurs at the chest, the pulse becomes irregular and fluttering, the action of the heart turbulent, and the countenance anxious, it is impossible to resort to a special treatment too soon, or to push it too rapidly; yet, on the other hand, when an endocardial murmur exists, as in the case of W. L——, unaccompanied by the symptoms above described, I would urge you to follow the course which I took in that case, and wait until the lapse of a few hours enables you to determine the character of the murmur. In a large proportion of cases the delay will satisfy you that the murmur is functional, and you will probably have the gratification of finding it subside and ultimately disappear, and of feeling that, by the caution you have displayed, you have saved your patient unnecessary suffering, or have avoided doing what must have retarded his recovery.—*Lancet*, Dec. 20, 1863.

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[1] See Dr. Richardson on the Coagulation of the Blood.

HOSPITAL NOTES AND GLEANINGS.

Bromide of Ammonium as a Remedial Agent.—The physiological effects of bromide of ammonium formed the subject of a communication, by Dr. Gibb, at the late meeting of the British Association for the Advancement of Science, at Cambridge. They were shown to be such as to demonstrate its value in a number of diseases in which the nervous system is functionally engaged, especially the ganglionic, accompanied by pains of a mild character. The mucous membrane of the entire body is brought more or less under its control, according to the dose and the mode of its administration. In some of the milder forms of skin disease it has also been found to be very serviceable. As an absorbent in glandular and other enlargements, it is not inferior to its sister salt the bromide of potassium, whilst it is superior in some respects in the treatment of some other forms of disease. Dr. Gibb has under his care at the present time, at the West London hospital, several cases of epilepsy in which very marked benefit has ensued from its use, in arresting and diminishing the number of fits; these cases will be given in detail on a future occasion. In mild forms of oophoritis with its attendant symptoms, the bromide of ammonium has sometimes dispelled the latter as if by magic. Trembling, nervousness, and general uneasiness, quickly subside under its use. It acts as an antispasmodic in this respect; for it not only calms irritation, but allays nervous excitability. This has been particularly observed in various experiments, and affords sufficient encouragement to proceed with a trial in more severe cases of nervous malady than have passed through Dr. Gibb's hands.

Its effects on the mucous membrane of the eye were tested in treating cases of strumous ophthalmia in the young. These were found to be remarkably beneficial and decided. In one instance, that of a girl aged twelve, the subject of strumous conjunctivitis and corneitis, with leucoma and other opacities, accompanied by great intolerance of light, which had resisted treatment, off and on, for five years, a cure resulted in five weeks under small doses of this salt; and, what was hardly expected, the opacities were actually diminishing when seen seven weeks afterwards.

The bromide of ammonium possesses some absorbing influence upon atheroma, fat, and allied compounds. Individuals who took it in quantities ranging from two to ten grains thrice a day were either in a state of moderate corpulency, or possessed the atheromatous expression. The former, whilst the general health continued unimpaired or improved further under its influence, seemed to get thinner, their adipose development became decidedly less, the secretion from the oily sudoriferous glands was much modified and diminished, and altogether there was an improved appearance in the countenance, which the persons themselves were quite aware of. This was not less marked in those undergoing atheromatous changes, and there was seen in them besides a decided clearness of the eye; the face was brighter, the integument not being so greasy; the mind seemed more active, and the bodily energy was greater.

We shall return to the subject; but we may observe that the remedy must be used pure. That prepared by Dr. Gibb was made by Fincham, of Baker Street.—*Lancet*, Jan. 3, 1863.

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Epilepsy in Children relieved by the Expulsion of Worms.—A girl, 8 years of age, was brought to Dr. Dickinson, on May 29, for fits, of which she had eight in three weeks. Dr. Dickinson saw her in one, of an evidently epileptic character, in the out-patients' room. Treatment for worms was adopted, although there was no actual evidence of their presence. Dr. Dickinson directed that the child should go without food from breakfast time until the next morning, and then take six grains of santonine in castor oil. After the operation of this, quinine was to be taken. The draught brought away a large quantity of thread-worms.

A week later, the patient still passed many worms, but had had only one slight fit. An enema made with the tincture of the sesquichloride of iron and lime-water (in the proportion of half an ounce to the pint) was ordered to be used every night, and a little castor oil was given occasionally.

A great number of these worms were passed after the injection. Except a slight feeling of faintness, she had no further fit so long as she was under observation—*i. e.*, up to June 30.

In reference to the treatment of worms in children, Dr. Dickinson said that he adopted the following methods: The injection of the sesquichloride of iron in lime-water in cases of ascarides, the administration of santonine in round worm, and the oil of male fern in tænia.

A girl, aged 11½ years, pale, but looking fairly healthy, was admitted an out-patient on July 31. She had had fits for about two months. They began, the child said, by "a darkness," but there was no loss of consciousness until the end of the attack. She fell, and was much convulsed, but did not bite her tongue nor foam at the mouth. It was followed by sleep and headache.

She had a good appetite, but suffered pain in the epigastric region. Her bowels were constipated, but worms had never been noticed; there was no albumen in the urine. Santonine was given in the same way as in the other case.

On August 4 she was brought again. She had not passed any worms, but had had one fit, which, however, differed from the other, being apparently hysterical in character. Quinine, with valerian, was now given, and on the 17th another dose of santonine, with castor oil. Having, after this dose, passed a small piece of tape-worm, she was ordered, on the 25th, a draught, consisting of half a drachm of the ethereal oil of male fern, two drachms of turpentine, and two drachms of castor oil. This expelled a long tape-worm. She had no more worms or fits as long as she was under observation—viz., to September 11.—*Med. T. and Gaz.*, Jan. 31, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Foreign Bodies in Intestines.—Dr. Gay exhibited to the Buffalo Medical Association, Dec. 2, 1862, seven stones and the handles of two pocket knives taken from the intestines of a man who had died suddenly. The larger stones were an inch and a half in their long, by an inch in their short diameter, and would weigh from one to two ounces each. It was said that the man had been in the habit of swallowing such articles as stones, knives, swords, &c. for several years, for the amusement and astonishment of spectators, and for the purpose of obtaining a living by contributions. It was supposed, by the stones being found somewhat on the way in passage, that they had been swallowed several days; one large stone was found in the transverse colon. They had produced death by inducing inflammation.—*Buffalo Med. and Surg. Jour.*, Jan. 1863.

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Naval Medical Board.—A Board of Medical Officers will convene at the Naval Asylum, Philadelphia, on Monday the 2d of March next, for the examination of candidates for admission into the Medical Corps of the Navy.

Gentlemen desiring permission to appear before the Board must make application to the Honorable Secretary of the Navy, stating their residence, place and date of birth, accompanied with respectable testimonials of moral character.

Applicants must not be less than twenty-one, nor more than twenty-six years of age.

No expense is allowed by Government to candidates attending the sessions of the Board, as a successful examination is a legal prerequisite for appointment in the Navy.

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Medical Department of Yale College, New Haven.—At the annual commencement of this school, in January last, the degree of M. D. was conferred on eleven candidates.

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Vermont Hospital for the Insane at Brattleboro'.—A large portion of the building of this institution was, we regret to learn, destroyed by fire on the 21st of Dec. last. The patients were all saved.

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Boston Medical and Surgical Journal.—Dr. Jas. C. White has been associated with Dr. Abbot in the editorship of this Journal.

FOREIGN INTELLIGENCE.

Common Resin as a Specific for Whooping-cough.—A writer in the *Australian Medical Recorder* for September 24, recommends the use of common resin as a specific in whooping-cough. The dose for a child is one or two grains three times a day, and four to six grains for an adult. He is in the habit, apparently, of combining with the resin both opium and belladonna—not a very philosophical practice, by the way, considering the established antagonism between these drugs. Nor do the sixteen cases adduced impress our mind at all forcibly as confirmatory of the value of the practice. Still, when we consider some recent observations upon the pathology of whooping-cough, we are disposed to advise our readers to make a trial of the remedy. At any rate no harm can come of it.—*Med. T. and Gaz.*, Jan. 31, 1863.

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Salts of Tin in Gonorrhœa.—Injection of trisnitrate of bismuth was two or three years ago recommended by some French surgeons as a remedy for gonorrhœa. The high price of this aricle has led M. Calvo to make some investigations into the efficacy of salts of tin: and he has arrived at the conclusion that the oxychloride, the phosphate, and the tannate of this metal may be advantageously substituted for bismuth. He uses eight grammes of oxychloride, six grammes of phosphate, or two grammes of tannate of tin, in one hundred grammes of rose-water. An injection is made three times a day.—*Dub. Med. Press*, Jan. 7, 1863, from *L'Union Méd.*

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Wounds of the Brain.—M. Flourens has presented to the Academy of Sciences a note of a series of experiments performed by him for the purpose of showing the curability of wounds of the brain, and, what is more, the facility with which they are cured. He trepanned the skulls of dogs and rabbits, made a small opening through the dura mater and into the substance of the brain, and then put bullets into the wound. These bullets gradually penetrated through the cerebral matter by their own weight. When the ball was small, he found that the whole thickness of the lobe of the brain or of the cerebellum might be traversed by it without occasioning any symptom, or accident, or disturbance of functions. The fissure made by the passage of the ball remains for some time as a canal: it then closes up, and cicatrizes. In one case of a rabbit, a ball was placed on the posterior part of the cerebellum, immediately above the vital point (Flourens' *nœud vital*). When the ball had reached that part, and had exercised a certain degree of pressure, the animal died.—*Ibid.*

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Extract of Logwood as a Deodorizer.—M. Desmartier states that he has employed an ointment composed of equal parts of lard and extract of logwood, with extraordinary success in bringing about healthy action in sloughing and gangrenous wounds, and removing at the same time fetid odours.—*Lancet*, Jan. 17, 1863.

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Permanganate of Potassa as a Deodorizer.—Dr. Pincus states that the odour left on the hands after making autopsies may be immediately and effectually removed by means of permanganate of potassa.

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Vaccine Syphilitic Inoculation.—Mr. Henry Lee, at the meeting of the Royal Medical and Chirurgical Society, on 27th Jan., stated that he had a case of vaccine syphilitic vaccination under his care at St. George's Hospital. As the possibility of such an occurrence is strongly denied in England, he regarded the case as one of considerable interest, and he invited the Fellows to inspect the case.

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First Successful Ovariotomist in France.—Dr. Vaullegeard, of Condé-sur-Norieau, has, it turns out, first claim to the title of successful ovariotomist in France. In 1847 he operated successfully on a girl twenty-five years old, removing a multilocular ovarian cyst, complicated with ascites. He had the courage to operate at a time when all surgical authority was opposed to the proceeding, and when the great oracle, Boyer, had declared, "The least reflection will satisfy any one of the dangers and of the impossibility of this operation, which has not, and probably never will be performed." In matters of medicine and surgery, it is evident that even authorities should be cautious in dogmatic prophecies.—*Brit. Med. Jour.*, Aug. 23, 1862.

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Ozone.—A beautiful series of experiments, by M. Kosmann, given in the *Comptes Rendus*, shows that ozone is disengaged from the leaves and green parts of plants. In cities, ozone is more abundant during the night, the reverse being the case where vegetation abounds.

Chemical Affinity.—MM. Berthelot and Leon St. Giles tell the Academy that chemical affinity, which is usually considered as an instantaneous phenomenon, often, on the contrary, requires a long time for its manisfestation. Thus, for example, the *bonification* of old wines depends upon certain affinities between the tartaric acid and the alcohol, which require several years for their development.

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Cholesterine.—M. Bencke, it is said, has discovered this substance in various vegetable substances. It exists most abundantly in peas, in several species of grain, and even in olive oil.

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Alcohol from Coal Gas.—M. Colette, of Paris, has recently announced a process by which he manufactures alcohol from coal gas. It is said that it can be effected at a very cheap rate—so cheap, indeed, as to permit of its commercial competition with alcohol derived from saccharine substances. Of this, however, the only proof to be afforded will be the results of the manufacture upon an extensive scale. We will take an early opportunity of laying the details before our readers. At present, the possibility of this mode of producing alcohol is simply proclaimed as the result of experimentation in the laboratory. The subject will doubtless attract the attention of innumerable chemists. Should anything come of it, and the price of spirit be cheapened in consequence, we shall not be disposed to regard the discovery as an unmixed good.—*Med. Times and Gaz.*, Jan. 24, 1863.

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Crysaniline, a New Colouring Matter from Aniline.—At a late sitting a communication was received from M. Hoffman, on crysaniline, a new colouring matter extracted from aniline, itself an artificial base derived from coal tar. When aniline has been employed to produce the red called rosaniline, a large proportion of it remains undecomposed under the form of a resinous substance, which it has been found very difficult to analyze. From this compound Mr. Nicholson has extracted crysaniline, a base of a beautiful yellow colour, which Mr. Hoffman describes as a fine yellow powder not unlike chromate of lead. It is scarcely soluble in water, but very much so in alcohol and ether. This compound is a well defined organic base, which forms two series of crystallizable salts, the most characteristic of which are the nitrates, crystallizing in needles of a ruby tint. Thus aniline produces three bases—viz., crysaniline, rosaniline, and leucaniline, each differing from the other by two equivalents of hydrogen.

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Acclimatization in Australia.—A New Zealand journal, speaking of the two white swans presented by the Queen to this colony, and which were placed on the North Shore Lake, says that they were sitting on no fewer than eighteen eggs. The swans had been hatching alternately for three weeks. One of the Canadian geese which came with the swans, and from the same royal donor, flew away some time after being placed on the lake, but the remaining bird took up with the common geese, and the result has been a magnificent cross. The divers are doing well. In Victoria, measures are in progress for the speedy introduction and acclimatization of roedeer, partridges, rooks, hares, sparrows and song birds, from England; deer, Cashmere goats, and black partridges, from India; ostriches, pheasants, and partridges, and antelopes, from the Cape of Good Hope; for all of which the money has been remitted by the Acclimatization Society. A letter was recently received by the Acclimatization Society of New South Wales from Mr. Black, of Miumi, inclosing a sample of wool from an Angora goat, descended from those that were imported some years ago into this colony. Mr. Black, who has paid much attention to improving the breed of goats, states that their wool and fat are exceedingly valuable; that their flesh is in no way inferior to mutton, but rather resembling venison; that the females breed twice a year, producing generally two at a birth; that they require very little shepherding, and thrive well where nothing else could be kept with profit.—*Med. Times and Gaz.*, Jan. 31, 1863.

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Spirit Writing.—The latest miracle of all is the old stigmata medium; the medium with the large white-skinned arm, on which the spirits scrawl blood-red letters in a very bad hand, and looking marvellously like an earthly scratch with a material pencil! This flesh writing is of no recent date. The Oxford Council of 1222 crucified two "naughtie fellows" at Arborberie for feigning the "stigmata;" but St. Francis of Assisi was canonized for his fraud two years later—as a compensation, probably. The Dominicans who got caught in false flesh writing tricks at Berne, and Maria da Visiticam who disgraced herself in the same way at Lisbon, brought the fashion into temporary disrepute for a long time, until, lo! it starts up again in the Irish revivalist who had "Geasus" written over her stomach, and in the medium who bares his arm to show a scrawling "John" scratched there. What believer in the power of revivals would doubt the heavenly handwriting of the one (never mind the spelling), and what enthusiast in the cause of mediumship and spiritualism would question the ghostly origin of the other? Oh! how strange it is that with the collective knowledge and advancement of the age for his guidance, a sane man can witness the marvellous dexterity of a modern juggler who confesses that all he does is by fraud of sense and mechanical combination, and can then accept the "spiritualism" of a bungler who cannot speak tolerable English, and whose perpetually failing tricks are of the lowest and most explainable order of legerdemain known.—*All the Year Round.*

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New Mode of Analysis.—The capillarity of paper as a means of analysis, as suggested by M. Schönbein, has been employed by M. Goppelsröder in the separation of colouring matters. When a band of paper is dipped into curcuma (Indian saffron) and picric acid, three distinct layers are perceived; the first formed by pure water, the second coloured by picric acid, and the third by the yellow of the curcuma. If the paper be dipped into an alkaline liquid the picric layer disappears, while the curcuma remains with the brownish hue which it acquires under the circumstances. Similar experiments are produced with fuchsine, &c. M. Goppelsröder intends to apply the process to the examination of fretted wines, or beer containing strychnine.—*Lancet*, Dec. 27, 1862.

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OBITUARY RECORD.—Died, of apoplexy, at Hackney, on the 20th of Dec. last, Dr. Robert Knox, some years since one of the most enthusiastic and popular lecturers on anatomy at Edinburgh, in the 70th year of his age.

Died, lately, at Jena, of apoplexy, Prof. Lehmann, well known everywhere by his chemical labours.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Clinical Lectures on Rheumatism.—Delivered at St. George's Hospital. By Henry Wm. Fuller, M.D., Physician to the Hospital.

Gentlemen: In my last lecture we discussed the treatment of acute rheumatism, and I adduced examples from your own experience in the wards to prove that in the judicious employment of alkalies in full doses we have an efficient antidote to the rheumatic poison, and a sure protection against inflammation of the heart. It happens, however, that either from the neglect of this preventive treatment or from some time having been suffered to elapse before medical advice is sought, patients are not unfrequently attacked with endocarditis or pericarditis before they are admitted under our charge at the hospital, and it therefore becomes necessary that you should be fully prepared to encounter these formidable and often fatal complications of the disease.

I will take as a text for my remarks on this subject the case of E. K——, a weakly girl, aged eighteen, who was admitted on the 12th of December into Roseberry ward. She had been attacked with acute rheumatism two weeks prior to admission, and for some days had suffered severely from acute catching pain in the region of the heart.

On admission the skin was hot and perspiring; the hands and wrists were red, swollen, and exquisitely painful, and erythematous patches extended some distance up the right forearm; the tongue was furred, and greatly loaded; the bowels were reported open, and the urine clear, though high-coloured and scanty; the pulse was 120, regular, but variable in strength; the respiration was very quick and shallow. There was great extension of the area of præcordial dulness, and the heart's sounds were almost inaudible; no exocardial or endocardial murmurs could be distinguished, and the firmest pressure with the stethoscope failed to produce one. Beef-tea was ordered as her diet; a large blister was placed over

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the region of the heart, and the following medicines were prescribed: Bicarbonate of potash, one drachm and a half; potassio-tartrate of soda, one drachm; tincture of opium, five minims; two ounces of acetate of ammonia draught; to be taken every four hours, with one scruple of citric acid. Three grains of calomel and one grain of opium, made into a pill, were ordered three times a day.

On the 14th the rheumatic pains were much relieved, the area of præcordial dulness had decreased, and the sounds of the heart were clearer and less distant, but still unaccompanied by murmur. The urine had become alkaline, so the mixture was repeated every six hours only, instead of every four hours. The pills were continued as before.

On the 15th exocardial friction-sound was audible for the first time. The urine continued alkaline, so the mixture was repeated only twice daily.

On the 18th the sounds of the heart were much clearer, and the sound of friction was beginning to decrease. The rheumatic pains had entirely ceased, and the urine was still alkaline. The mixture, therefore, was omitted, but the pills were continued as before.

On the 20th, the pulse, which had fallen to 80, had regained its steadiness, but it was very weak; the friction-sound still continued.

On the 27th the urine was pale and alkaline, although she had not taken any alkali since the 18th; there was slight fetor of the breath, the pulse was 88, and weak; the friction-sound was still audible, and the sounds of the heart were not so clear as they had been. The pill, therefore, was repeated, with the omission of two grains of calomel, and a blister was again applied to the region of the heart. Fish, also, was ordered for her dinner.

The symptoms now remained without much variation until the 1st of January, when she began to complain of cough and of a pain in the chest. On the 3d these symptoms were worse; there was considerable fever, the pulse having risen to 118; the face was flushed and the breathing hurried; she complained of pain in the left knee and ankle, and of increased pain in the chest; friction-sound was still heard over the heart, and bronchitic râles were audible over both sides of the chest; her pulse was weak and somewhat irregular; she was sweating profusely, the perspiration being faintly acid, and almost devoid of a rheumatic odour; and the urine was acid, but clear. A blister was again applied to the chest; a nitre draught, containing half a drachm of carbonate of potash, was given three times a day; the pill was continued, with the addition of two grains of calomel, and three ounces of sherry wine were ordered to be taken daily.

On the 5th the urine had become alkaline, the wine had not heated or excited her, and the pulse was still weak and irregular. The cinchona draught, with one scruple of bicarbonate of potash, was therefore substituted for the nitre draught, and the pills and wine were continued as before.

From this time she improved steadily. On the 8th the pills were omitted in consequence of slight ptyalism. On the 10th the friction-sound was heard for the last time, and on the 22d she left the hospital, the action of the heart being regular, and its sounds clear and unaccompanied by murmur.

Now, this case affords a fair example of a severe attack of rheumatic pericarditis, and there are several points in relation to it to which I would direct your attention. In the first place, there was entire absence of exocardial murmur at the date of the patient's admission into the hospital, but nevertheless the existence of pericarditis was diagnosed, and treatment was adopted accordingly. You must have observed the same fact in other instances, and it is of importance that you should remember that mere absence of friction-sound affords very imperfect evidence of the non-existence of pericarditis. The sound of friction implies the rubbing together of the two surfaces of the pericardium, roughened by the effusion of lymph, and, therefore, the presence of any large quantity of fluid in the pericardium necessarily puts a stop to the occurrence of friction by separating the two layers of the membrane. You will readily understand, then, that inasmuch as in certain cases effusion into the sac is very abundant, and takes place with great rapidity, you may happen not to see the patient, or may not examine his heart until after the sound of friction has ceased, in consequence of the occurrence of effusion. But shortness of breath, or a complaint of pain in the chest made by a patient suffering from rheumatic fever, should always arouse your suspicions as to the existence of pericarditis, and so also should marked irregularity in the force and frequency of the pulse. Under these, and, indeed, under all circumstances, it is your duty to examine carefully into the condition of the heart, and, in the absence of pleuritic and pulmonary disease, the presence of extended præcordial dulness and a muffled condition of the heart's sound is quite sufficient to render imperative the adoption of means to get rid of the effusion. In the case under consideration, as the area of præcordial dulness decreased, and the heart's sounds became clearer, the sound of friction became audible; but I would warn you not to suppose that your diagnosis has been wrong, simply because from first to last, you are unable to detect the presence of friction-sound. Extended præcordial dulness disappearing under treatment, and a muffling of the heart's sounds, which, after a time, is replaced by clearness of the sounds coincidently with the disappearance of the præcordial dulness, is quite sufficient to stamp the character of the disease. The fact that you have been unable to discover any friction sound during the absorption of the effused fluid, may be due to the rapidity with which adhesion has taken place, and the shortness of the time, therefore, for which the friction has continued, or it may be referable to the non-effusion of lymph on the anterior surface of the heart, and to the consequent non-transmission of the friction-sound to the parietes of the chest. In the case of W. G——, who was admitted into the Hope ward on the 3d of April, there can be little doubt that this was the case; for although, as you will remember, he had all the general symptoms of pericarditis, and, with the exception of friction-sound, all the physical signs of the disease, and although under the influence of blisters, and calomel and opium, the symptoms all subsided, and the sounds of the heart became clear, yet from first to last no friction-sound was heard, although the heart was carefully examined daily.

The treatment of rheumatic pericarditis is a subject on which various opinions have been expressed, and I would therefore direct your attention to certain points in connection with it. Theoretically, the objects to be attained are—1st, the removal of the cause of irritation which first excites and subsequently keeps up the pericardial inflammation; 2d, the subjugation of the mischief which has been set up; 3d, the mitigation of its evil effects by inducing absorption of the fluid, or other products which are effused into the pericardial sac. The first object is to be compassed by the administration of alkalies, which, as I have shown you, have the power of preventing the accession of cardiac inflammation, and which also, by eliminating the rheumatic poison from the blood, do much towards removing the articular, cardiac, and other inflammations which are due to the presence of that poison in the system. The second and third objects are to be secured by the use of bloodletting, counter-irritation, and the administration of calomel, opium, and other remedies. In the case of E. K——, and in many other instances which have come under your observation in the wards, you have seen the plan of treatment I usually adopt. It is founded on the theoretical considerations just alluded to, and has proved eminently successful. The mixed alkalies are administered, calomel is pushed until the gums are slightly touched, and opium is given with it in quantity sufficient, not only to restrain its purgative action, but to subdue the irritability of the system. At the outset of the disease, if the heart's action is very turbulent, a few leeches may be applied to the præcordial region, or a few ounces of blood may be drawn from the arm; but in the great majority of cases depletion is unnecessary if the alkalies are properly administered, and in most instances it proves mischievous by depressing the patient, and thus preventing the setting up of those actions whereby absorption of the inflammatory products and adhesion of the two layers of the pericardial membrane are effected. Blisters are serviceable, even from the first, but their efficacy is displayed so much more strikingly when liquid effusion has taken place into the pericardium that I seldom have recourse to their assistance until the existence of effusion is unequivocally declared. In the case of E. K—— a large amount of fluid existed in the pericardium at the date of her admission into the hospital, and the relief afforded by the blister was manifest in the increased clearness of the sounds of the heart, and the occurrence of pericardial friction, which within three days resulted from the two roughened surfaces of the pericardial membrane having come into apposition in consequence of absorption of the effused fluid.

The importance of maintaining the strength of the patient whilst measures are being adopted for the relief of the local inflammation is well illustrated by the case of E. K——. Up to a certain point all seemed going on well. The rheumatic pains subsided; the area of præcordial dulness gradually diminished; the heart's sounds became clearer; and, in short, all the symptoms betokened the disappearance of the rheumatism, and the absorption of the fluid products of the pericardial inflammation. Nevertheless, the friction-sound continued, adhesion of the two layers of the inflamed membrane did not occur, and recovery did not take place. The explanation of this is to be found in the feeble condition of the patient. Naturally a weakly person, she had undergone two weeks of severe suffering before her admission to the hospital, and although the measures then adopted for her relief very speedily caused a mitigation of her pain, and relieved the heart of the large amount of fluid which was oppressing it, it was impossible at once to impart that tone to the system which is essential to the rapid organization of effused lymph. The feeble pulse, the alkalinity of the urine, which continued notwithstanding the omission of the alkalies, and the profuse and scarcely acid perspiration which ensued, were the exponents of the cause which prevented the organization of the effused lymph. The exhaustion which those symptoms indicated was the true cause of the non-cessation of friction, and is usually the origin of the untoward symptoms by which death in pericarditis is preceded. Accordingly, when these symptoms fully declared themselves, and it became evident that, notwithstanding the absorption of the more fluid parts of the exudation, adhesion would not take place between the two layers of the pericardium, I deemed it necessary to endeavour to support her, and thus enable the reparative process to take place. From the first I had given her strong beef-tea; on the 27th I ordered her fish for dinner; on January 3d wine was prescribed; and on the 5th I gave her the cinchona draught, although up to this time there had been no diminution in the sound of friction. Strange remedies these, you will say, to subdue an acute serous inflammation! In truth they would be very strange remedies for such a purpose, but that was not the object for which they were administered. Blisters, and calomel and opium, and alkalies were the agents employed for that purpose; the food, the stimulant, and the bark were only given to support the general strength, and enable these agents to do their work. And right well they effected the object in view. From the time the bark and wine were administered the symptoms rapidly abated; the pulse regained its force and steadiness; the profuse, enfeebling perspiration ceased, and the friction-sound diminished, and soon disappeared altogether. Here, then, is an important practical point for your consideration. None of the functions of the body, and none of the actions which are necessary to the reparation of the tissues can go on properly in a person enfeebled beyond a certain point, and in the treatment of pericarditis, as of all other inflammatory diseases, it is essential to uphold the patient's strength directly you obtain evidence of constitutional exhaustion.

(*To be continued.*)

HOSPITAL NOTES AND GLEANINGS.

Tetanus following a trifling injury fatal in forty seven hours.—The following is an example of traumatic tetanus following, as is often the case, a slight injury, and proving rapidly fatal. The treatment adopted was that by opiates; which, during the latter part of the case, were of necessity administered by the rectum. Cases of acute tetanus of this class seem to be hardly amenable to any treatment; those cases of tetanus which are occasionally recorded as having been successfully treated being of the chronic and mild character; where the disease seems, in fact, to have a tendency to wear itself out.

B. T., aged 40, married, was admitted into Westminster Hospital on June 14th, 1862, 7 P. M., under Mr. Brooke. She stated that, about a fortnight ago, she fell down stairs and struck her elbow against a pail that was placed at the bottom, which grazed the skin. She also hurt her head; but all went on well till nine o'clock in the morning of the day mentioned, when stiffness of the lower jaw and neck came on, with difficulty of swallowing. When she was admitted, the muscles of the neck and jaw were very rigid, but the mouth could be opened a little by using force. There was an inflamed ulcer on the left elbow, but no other perceptible injury. She was at once put to bed; and ordered to take four grains of calomel and eight grains of jalap, and to have a poultice applied to the ulcer. The powder not acting, an enema was given, and the bowels were well relieved; after which she was given twenty minims of solution of acetate of morphia. She passed a very restless night. Deglutition was becoming more difficult; and there was perfect trismus. The pulse was quick and feeble.

June 15, 7 A. M. Deglutition was much worse. As she was not able to swallow, an enema consisting of an ounce of beef-tea, half an ounce of brandy, and twenty minims of tincture of opium, was injected into the rectum every hour.

10 A. M. She was no better. Tetanic convulsions were very frequent.

2 P. M. The bowels were again relieved, after which the beef-tea enema was retained.

4 P. M. Convulsions were more frequent; even the passing of the syringe-pipe up the rectum was sufficient to cause a paroxysm.

7 P. M. The neck and throat were ordered to be rubbed with a liniment of equal parts of chloroform and tincture of opium.

11 P.M. Perfect opisthotonos was present; and mere movement of the bed-clothes, or the sight of liquids, brought on tetanic spasms.

June 16*th*, 2 A. M. There was continued spasm; the pulse was very weak. She could not take any nourishment; the pupils were contracted; the skin perspiring profusely. She was quite sensible. She remained in this state till death took place at eight o'clock A. M., June 16, 1862.—*British Med. Journ.* Nov. 29, 1862.

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Excision of Knee-Joint; Recovery; Condition of the Limb three years after the Operation.—This case is a valuable one, as the patient has been under observation longer than the majority of such cases; indeed, long enough (Mr. Smith said) to justify a reasonable expectation that the cure will be permanent, and long enough to afford information on the question of the influence of the operation of excision upon the growth of bones in young children. Mr. Smith remarked that resection of the knee-joint has been pronounced by many (Mr. Syme among others) to be inapplicable to the growing bones of young children, from the belief that the injury inflicted would either abruptly arrest the growth of the limb, or at all events so seriously interfere with it as to render the limb nearly useless in adult life. The results of the following case (Mr. Smith said) tend to confirm an opinion he had expressed in 1857, namely, that, provided the line of epiphysial cartilage is uninjured by the operation, the subsequent growth of the bones will continue as before.—*British and Foreign Medico-Chirurgical Review*, 1857, vol. xx. p. 313. This coincides with the results of the recent investigations of Dr. Humphry, of Cambridge, on this subject, which are summed up by that gentleman in the following words (*Medico-Chirurgical Transactions*, vol. xlv. p. 303): "We are justified in concluding—1st. That if the epiphysial lines are sawn away in the operation of excision of the knee, the subsequent growth of the limb will be impaired; 2dly. That if the epiphysial lines be intact, there is much probability that the growth of the limb will be fully or nearly equal to that of the other limb.

A boy, aged 9, had been suffering with repeated attacks of pain in one knee during the last three years. The first attack was attributed to a blow. When first seen, the joint was about twice its natural size, fixed and flexed at a right angle; any attempt to straighten it gave great pain, but it bore external pressure pretty well; it was elastic and puffy on each side of the patella, as if from synovial enlargement; the limb was useless; the mother stated that recently the pain had become worse in the joint, and that the boy was day by day getting thinner and weaker. He frequently awoke at night with loud screams from the pain produced by starting of the limb; there was the usual distortion of the joint, characteristic of advanced disease, the bones of the leg being drawn outwards and far backwards, beneath the condyles of the femur, and the patella being dislocated on to the external condyle.

Excision was performed on August 24, 1859, the patella and articular surfaces of the femur and tibia being removed by a short and wide semilunar incision stretching across the front of the joint. The hamstring tendons were divided, as the limb could not otherwise be brought into the straight position, notwithstanding that a second slice of the femur had been previously removed with the same object in view. A long back-splint with a foot-piece was applied, and a short, wooden splint was strapped firmly over the front of the femur, and a large pad was placed behind the head of the tibia. No ligature was required.

The joint was found to be full of tough vascular, and pulpy synovial membrane, and a similar structure connected the opposed surfaces of bone. The back of the condyles of the femur rested on the front of the head of the tibia. The cartilage of the femur was everywhere eroded, and about three-fourths of its surface had been removed. It had a worm-eaten appearance; the bone beneath appeared healthy; the tibia and patella had suffered in the same way to about the same extent; the whole thickness of the bone removed did not exceed an inch when put together in their natural position. In taking the second slice from the femur, a portion of the epiphysial cartilage was removed over the most prominent part of the external condyle. This piece was about the size of a shilling, or rather smaller.

For the first few days after the operation the boy suffered severely from constitutional irritation, but by the sixth day the wound had, for a time at least, healed, and he had regained his appetite and ordinary condition. Three weeks after the operation, an abscess formed in front of the resected ends of the bones, which required a drainage-tube to be passed through it before its cavity would close. At the end of six weeks from the operation the splint was first changed. Three months after the operation the boy was allowed to walk across the ward at his own request, and, from his mode of progression, it was evidently not the first experiment of the kind. The limb was quite straight, and apparently firmly anchylosed (no force was employed to test it). It was an inch shorter than the opposite, measuring from the umbilicus. There were still two small sinuses open. The whole joint was encased in gutta percha, and a firm bandage applied, and at the end of November he went to Brighton to a convalescent institution.

Dr. Humphry, who was kind enough to look after him at Brighton, wrote on February 4, five months and a half after the operation—"There is two inches difference in the length of the limbs, partly accounted, for by the stiff limb being anchylosed in a slightly flexed position. The boy can run and do anything."

Mr. Smith saw the boy two years after the operation. The relative length of the limbs was the same, and, though the boy had grown much taller, there was still but two inches difference in the length of the legs.

February, 1863. The boy is strong and well. He can, he says, walk as well as other boys.—*Med. Times and Gaz.*, Feb. 7, 1863.

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Galvanism applied, by Aid of the Laryngoscope, to the Vocal Cords.—The electric current has been brought to bear directly on the vocal cords by Dr. Morell Mackenzie, and two cases of functional aphonia have yielded to it immediately. One patient had completely lost her voice for two years, and had been in London Hospital for some months, where every remedy had been used in vain by Dr. Mackenzie. Cauterization of the larynx, blisters, and even the employment of galvanism externally, had all failed, but the application of galvanism directly to the vocal cords succeeded at once, and, after a week, the patient spoke as well as she had two years previously.

In the other case, where the loss of voice was of eighteen months' duration, and where every kind of treatment had been tried unsuccessfully in the London Hospital, the voice was immediately restored by galvanism directly applied to the vocal cords. Dr. Mackenzie has invented an instrument, by which the electric current can be set going, but does not pass beyond a certain distance till the point is introduced into the larynx, when a spring is touched, and the current reaches the vocal cords. Dr. Mackenzie recommends the remedy in the early stages of clergymen's sore-throat, before the perverted state of the nerves has led to follicular deposit.—*Med. Times and Gaz.*, Feb. 7, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The next regular Annual Meeting of the American Medical Association will be held in the City of Chicago, Illinois, on the first Tuesday in June, 1863. Every permanently organized State, County, and Local Medical Society is entitled to send one Delegate for every ten members, and one additional Delegate for a fraction of more than half that number. Medical Colleges, and Hospitals containing over 100 beds for the sick, are entitled to two Delegates; and all other permanently organized Medical Institutions are entitled to one Delegate each.

The Committee earnestly desire a full attendance from all parts of the country.

By order of the Committee of Arrangements.

N. S. Davis, *Chairman.*

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Medical Department of the University of Pennsylvania.—At the annual commencement on the 14th of March last, the degree of M. D. was conferred on 78 candidates. The matriculants during the session numbered 319.

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Jefferson Medical College, Philadelphia.—At the commencement held on the 10th of March, 1863, the degree of M. D. was conferred on 82 candidates.

The number of matriculants for the session 1862—63 was 275.

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Medical College of Ohio—At the commencement held on the 2d of March last, the degree of M. D. was conferred by this Institution on 27 candidates.

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Medical Department of the University of Buffalo.—At the recent annual commencement of this school the degree of M. D. was conferred on twenty-four candidates.

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University of Michigan.—The catalogue of this institution contains the names of two hundred and fifty students who attended the medical lectures at the session recently closed. The number who received the degree of M. D. was thirty-nine.

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Harvard Medical School.—At the annual commencement, on the 11th of March, the degree of M. D. was conferred on forty-two candidates.

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Medical Department of the University of New York.—At the commencement, on the 5th of March, the degree of M. D. was conferred on fifty-six graduates.

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Resignation of Professor Samuel Jackson.—We learn that Prof. Jackson, who has so long and very ably filled the chair of Physiology in the University of Pennsylvania, intends at once to tender his resignation. Dr. J. was an enthusiastic, highly interesting, and brilliant lecturer, and inspired his hearers to a great extent with his own zeal for physiological investigations. We wish him in his retirement the repose he is so well entitled to, with health, long life, and every comfort.

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Massachusetts General Hospital.—Dr. D. S. Townsend, who has served this institution as one of its surgeons with great faithfulness and ability for more than a quarter of a century, has recently retired. Dr. R. M. Hodges has been elected as his successor.

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Children's Hospital, Philadelphia.—We have received the Sixth Annual Report of this very useful institution, which shows that its benefits are yearly being extended to an increased number of patients. This Hospital was founded in 1855, and since that period it has received as indoor patients 659 children, and advice and medicine have been given to 6,875 outdoor patients.

The want of a larger building, and one in a more open situation, where the little patients can have the benefits of pure air, sunshine, and ample space for exercise, is strongly pointed out, and we trust our charitable community will hasten to supply the requisite means for the purpose.

A building fund has been created, but it is as yet very small, amounting to only 3,085 dollars. This institution deserves the most active sympathies and pecuniary support of the charitable, and we can scarcely believe that it will fail to obtain both.

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American Medical Monthly.—It is announced in the December number of this journal that its publication will be suspended.

British American Journal.—The publication of this journal, it is announced, terminates with the number for December last, for want of pecuniary support.

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Obituary Record.—Died, at his country-seat, at Fordham, Feb. 14, of pleuro-pneumonia, Geo. P. Cammon, M. D., aged 59 years. Dr. C. held a very high position in the estimation of his brethren in New York, and was considered as among the most advanced and accurate students of pulmonary and cardiac diseases in our country. Though possessed of great wealth, he was most punctual and faithful in his attendance at the New York Dispensaries to which he was attached. Owing to his aversion to publicity, he has published but little, and seldom mingled in professional circles; but he was universally respected, and regarded as a bright ornament of the profession.

FOREIGN INTELLIGENCE.

Contagion of Secondary Syphilis.—Among the victims of contagion of secondary syphilis, writes M. Diday in *Gazette de Lyons*, are the glass-blowers at Giers and Vernasion. The frequency of syphilis among this class of workmen has long been observed, and the fact also that the disease almost always commences in the mouth. Three individuals are obliged to blow forcibly, one immediately after the other, into a hot iron tube, which they are forced to compress strongly with their lips. Hence, therefore, if in one of the three syphilitic disease of the mouth should exist, its propapagation is readily effected. At Lyons we continually meet with cases of syphilis which have been contracted in this way; and occasionally there arise actual epidemics of the disease. M. Diday has presented this state of affairs to the magistrate of the district, and has recommended that a capable physician should be appointed to superintend the *blowers* in these glass establishments, and to prevent any one who has a syphilitic disease of the mouth using the tube alluded to.—*British Med. Journ.*, Nov. 29, 1862.

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Smallpox in Vancouver's Island.—Victoria papers state that 1000 Indians have died of smallpox in Vancouver's Island this winter. It is thought that the disease will soon exterminate the race on the Island.

Medical School of Saint Cyr.—This school has been temporarily closed in consequence of a number of the pupils having within a few days been attacked with typhoid fever, some of whom have already fallen victims to the disease.—*Gaz. Hebdom. de Méd. et de Chirurg.*, Jan. 16, 1863.

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Medical Secrecy.—The Medical Societies of Paris are at present exercised in regard to the question, whether a physician when consulted with regard to the health of a patient in reference to marriage, should refuse to give any information? The societies of the viii and ix arrondissements have decided as to the obligation of secrecy; while the society of the vii arrondissement have declared that while in general, the above rule is correct, there are also circumstances in which the dictates of conscience are above the law [a higher law]. This last seems to us to be a dangerous decision, and one which might lead to great abuses.

Knowledge gained by a physician in his professional capacity should be deemed sacred, and not to be divulged under any circumstances. It is very questionable whether it be safe to make any exceptions to this rule, and if any be made, they must be extremely rare.

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Another Stage Calamity.—At Saddler's Wells' Theatre recently the dress of one of the ballet girls took fire at one of the side lights, and before the fire could be extinguished the poor girl was so dreadfully burnt that her life is despaired of. In all such cases the manager should be criminally liable for not protecting the lights by wire gauze, and for not requiring the dancers to dress in uninflammable dresses.

—

Fecal Baths at Vienna.—The medical journals tell us that there is in Vienna a bathing establishment, where the baths are formed of the contents of the bowels of recently-killed oxen. The establishment issues a large list of cures effected by its pollutions. The efficacy of these baths is attributed to their temperature, to the gastric acids in them, the salts, the gases, and the electrical action produced!—*British Med. Journ.*, Sept. 13, 1863.

[Are there any limits to human credulity, or any species of quackery too disgusting and absurd not to find dupes?]

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Clinical Lectures on Rheumatism.—Delivered at St. George's Hospital. By HENRY WM. FULLER, M.D., Physician to the Hospital. (Concluded from p. 25.)

It has been stated that the administration of calomel is unnecessary in the treatment of rheumatic pericarditis, and that opium will do all that is needed for the patient's recovery. In proof of this, cases have been cited in which opium alone has been administered, and recovery has taken place. But I would urge you, gentlemen, not to be misled by such a specious argument. There is no drug and no method of treatment of which as much could not be said; nay, cases will sometimes recover without any treatment whatever, and there is no remedy of the efficacy of which in the treatment of acute serous inflammation experience has afforded more convincing proof than it has of mercury. In pericarditis, in pleurisy, and in acute sclerotitis you must have noted the continuance of the symptoms until the effect of mercury on the system has been declared, and their immediate decrease and speedy cessation afterwards. The distrust which some persons have felt of mercury in these cases has arisen from their having improperly employed it. You must have seen patients suffering from pericarditis or acute pleurisy admitted into this hospital in a state of salivation, the friction-sound or the pleuritic effusion, as the case may have been, continuing nevertheless. And so it would have been in the case of E. K—— if I had persisted in the administration of calomel without at the same time upholding her strength. Mercury is serviceable in proportion as the exudation is plastic and readily organizable; it is useless, or even mischievous, when the exudation consists of curdy, flocculent, ill-concocted lymph, of low vitality. And as the former character of exudation occurs only when there is a fair amount of power in the system, it follows that if the administration of mercury is pushed in weakly persons, or in persons

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whose kidneys are organically unsound, or even in stronger persons who are much exhausted by sleeplessness and suffering, or by unduly depressing treatment, the result must necessarily be unsatisfactory. The only chance of obtaining its remedial effects under such circumstances is by upholding the patient's strength during the period of its exhibition, as was done in the case of E. K——. But that opium will check the continuance of the inflammation, and carry the patient safely through the attack, as is maintained by the opponents of mercury, is a fallacy which it requires little skill to expose. It will not prevent the accession of inflammation of the heart, as is proved by a series of cases published some time since by Dr. Sibson, in which a fearfully large proportion of the patients suffered from this complication of their rheumatism. It does not materially shorten the duration of rheumatism, or, in other words, does not check the action of the rheumatic poison, as is manifest from an inspection of the same series of cases, and of others which Dr. Corrigan has put on record; and inasmuch as the articular and cardiac inflammations arise from the same cause it is obvious that it cannot control the one form of inflammation any more than it does the other. The truth appears to be that in the one case as in the other, it calms the excitement of the nervous system which accompanies the disease, and thus economizes strength and enables the patient to endure his illness better than he could have done otherwise. Thus it is that when mercury has been improperly administered, and the patient is suffering from the effect of the irritation induced by salivation, the influence of opium in tranquillizing the system, and so promoting the actions which are necessary to recovery, is very striking. Little more is needed under these circumstances than to keep the patient under its influence. But it does not possess the power of preventing the accession of the disease, or of controlling its course, nor can it, like mercury, originate the actions which are necessary to the removal of the mischief. But, as already stated, it calms the excitement of the nervous system, procures sleep, economizes strength, and thus enables the patient to pass fairly through his trials; and when the disease has run its course, it still sustains and tranquillizes, and so obviates that extreme exhaustion which prevents the setting up of the actions which are necessary to the reparation of the mischief which has occurred. Therefore, whilst I would earnestly deprecate the practice of trusting exclusively to opium in pericarditis, and dissent theoretically and practically from those who urge its claims to the exclusion of mercury, I would have you understand that it is a valuable remedy, and should always be had recourse to in aid of those medicines which exert a distinctly curative power.

I will now refer you for a few moments to the case of J. S——, aged fourteen, who was admitted on the 22d of December, 1861. This boy was suffering from acute rheumatism of ten days' duration. His joints were red, swollen, and exquisitely painful; his pericardium was full of fluid, so that, as in the case of E. K——, there was extension of the area of præcordial dulness; the heart's sounds were muffled, distant, and indistinct, and a friction-sound was audible at the root of the large vessels; the pulse was 120, weak, and irregular; the urine was alkaline, and the perspiration was profuse and extremely acid. Blisters were applied to the chest, and small doses of alkalies were given internally, whilst his strength was upheld by strong beef tea. By the 31st the pains had almost wholly disappeared, and though friction was still audible, the pulse had fallen to 80, and was no longer irregular. On the 9th of January he had so much improved that I deemed it safe to give him meat and vegetables for dinner. On the 20th the cinchona draught was prescribed, and on the 26th he was permitted to leave the hospital.

Now I have drawn your attention to this case, which is not otherwise noteworthy, in order to remark upon the alkalinity of the urine. From first to last this boy's urine was clear, pale, and alkaline, and the only perceptible alteration in its condition was that as the rheumatism subsided and the general health improved, it assumed a higher colour. Nevertheless it did not altogether lose its alkalinity whilst he remained in the hospital, though it did so shortly afterwards, for he was readmitted under Dr. Page in the month of February, and his urine then had an acid reaction.

What, then, is the history of this unusual feature of acute rheumatism? I am unable to give you a satisfactory answer, and can only reply by stating the result of my observation in similar cases. All the instances which I have met with of this nature have had many features in common. The patients have been uniformly weakly; the perspiration has been very acid, and in one instance in which vomiting occurred, the matters rejected from the stomach were intensely acid. In two cases, crystals of the ammonio-magnesian phosphate were visible under the microscope soon after the urine was voided; in two others the alkalinity appeared to be referable solely to fixed alkali, and no crystals of the triple phosphate could be discovered until after the urine had been voided some hours, and decomposition had commenced. In all of them the microscope proved the absence of pus or mucus in the urine. Treatment has not appeared to exert a material influence over the character of the secretion. In one instance sulphuric acid was given in full doses, but the urine remained alkaline for ten days afterwards; in two other cases small doses of alkalies were administered, but nevertheless the urine became acid when the rheumatism subsided and the general health improved. Whatever may be the precise cause of the alkalinity of the urine in these cases, it is obvious from the class of patients in whom it occurs, and from the effect of remedies, that our treatment must not be over-active or depressing. I do not believe that alkalies are contraindicated; but they must be given cautiously, and their effect on the urine must be closely watched. Meanwhile the strength must be supported by nourishment, and economized by means of opium if the pains give rise to sleeplessness and excessive general irritation. This at least is the best advice I can give you, but the subject requires more extended investigation before a satisfactory conclusion can be arrived at.

I would now call your attention to the case of M. M——, aged twenty-six, whom you will remember some time since in Crayle ward. Twelve months before her admission under my care this woman was in the hospital, suffering from rheumatic fever and pericarditis, on which occasion she was delirious for more than a fortnight. When she came under my charge, she had been labouring under rheumatism five days; but her suffering was out of all proportion to the apparent severity of her articular symptoms, and the anxiety of her countenance was unlike that which is ordinarily observed in uncomplicated cases of acute rheumatism; moreover, her manner was strange and flighty, and she was delirious at night. She was very low; the skin was perspiring; the pupils were contracted; the pulse was 120, feeble; and she was complaining of pain in the cardiac region, and of constriction across the chest. Leeches and blisters were applied to the region of the heart, and alkalies, and calomel, and opium were prescribed for internal administration. Without going further into the details of the case, it is sufficient for my purpose to recall to your remembrance that an exocardial murmur was audible over the whole surface of the heart; that the delirium became more violent; that she complained of intense headache, and passed her stools and urine under her unconsciously; that after eight days tremors of the upper extremities came on, accompanied by clonic spasm of the fingers, that she became so low as to require full doses of wine; and that it was not until after the lapse of fifteen days, when her gums began to be affected by the mercury, and the cardiac murmur decreased in intensity, that the delirium, and tremors, and clonic muscular spasms subsided, the anxiety of countenance disappeared, and the pulse became less frequent and of better volume. Eventually she recovered, and left the hospital.

My object in calling your attention to this case is to point out its pathological history, and the treatment which is necessarily founded upon it. What, think you, was the cause of the delirium, and tremors, and clonic muscular spasms? You might have supposed them to be referable to inflammation of the brain, but the character of the pulse, the state of the skin, and other of the symptoms, were scarcely consistent with cerebral inflammation. Moreover, pathological research has proved that when delirium and muscular spasms accompany acute rheumatism, they are seldom connected with any lesion of the nervous centres.

Inflammation of the heart will not solve the mystery, for delirium and spasm rarely accompany cardiac inflammation, however acute and wide-spreading it may be; they arise not unfrequently in cases distinguished by less than the average severity of the cardiac symptoms, and in which, therefore, presumption favours the belief that there is no unusual irritation of the cardiac nerves; and they occur sometimes when dissection after death proves the heart and its membranes to be quite free from disease, and when, therefore, the non-existence of such a cause of irritation is placed beyond all doubt.

An unhealthy condition of the blood does not of itself afford a satisfactory explanation, for such a condition exists in every case of rheumatism; whereas cerebral and spinal symptoms are of rare occurrence. But there cannot be a doubt that, in conjunction with certain predisposing and exciting causes, a vitiated condition of the circulating fluid is the active agent in the production of these symptoms. Indeed, I do not hesitate to affirm that in this, as in almost all cases of rheumatism, in which cerebral and spinal symptoms occur, the delirium and spasms resulted from the influence of a vitiated blood acting upon a nervous system in a state of exalted sensibility, and therefore excited in an unusual degree by the setting up of cardiac inflammation. You all know how certainly excitement or profound coma is caused by the ingestion of immoderate quantities of spirituous liquors; how frequently delirium results from the deleterious influence of urea; and how often it accompanies typhus fever and almost every exanthematous disorder. Yet in all these cases dissection after death has shown that such symptoms afford not the slightest ground for the presumption of cerebral congestion or cerebral inflammation. Rarely, indeed, has there been found any trace of inflammatory action or of any other organic lesion in the brain or its membranes. So that at length the conclusion has been arrived at that whenever the blood is poisoned or altered in character, there may occur, without any cerebral inflammation, every shade and variety of disturbance of the nervous system, from slight wanderings or flightiness to violent maniacal delirium, accompanied or unaccompanied by convulsions or tetanic spasms, and terminating in recovery or in death from coma.

But further, by looking carefully to the circumstances under which cerebral symptoms are most apt to arise in different disorders, we may glean important information on the subject of the causes which determine the occurrence of delirium in certain cases, and its total absence in others. It is well known, for instance, that persons of a nervous, excitable disposition, are more apt to experience ill effects from any interference with their functions than are those of a more vigorous and less irritable temperament. Moreover, it has been ascertained that nervous susceptibility is most fully displayed when the constitution has been damaged by habits of intemperance or by long-continued ill health. Causes which, in persons of a healthy constitution and less excitable habit, would hardly give rise to any disturbance, are apt under such circumstances to occasion excessive nervous irritation. Thus it is that in habitual drunkards, whose constitutions are shattered, and whose nervous systems have been unduly exalted or depressed, comparatively small potations on the one hand, or, on the other, a brief abstinence from accustomed stimuli, or any temporary depressing cause, will seldom fail to induce an attack of delirium tremens. Hence, also, the frequency of traumatic delirium and of the delirium which so constantly accompanies erysipelas in persons whose constitutions have been unduly taxed. The excess or the deficiency of the accustomed stimulus in the case of the drunkard, the shock and the loss of blood in the case of the wounded man, and the poison of the disease in the last instance, prove sufficient to disturb the relationship subsisting between the blood and the nervous centres. With a brain participating in the general malnutrition of the body—a heart weak, ill nourished, ill supplied with nervous stimulus, and hardly capable of maintaining a due circulation—and blood long vitiated or impoverished, it is not difficult to conceive that a slight additional cause of irritation or depression may prove sufficient to disturb the brain's equilibrium, and that an attack of delirium may supervene whenever, by the presence of some fresh morbific matter, by an increase of the watery part, or a diminution in the coloured corpuscles of the blood, as the result of hemorrhage or venesection, or, indeed, by any material alteration in the character of the circulating fluid, the nutrition of the nervous centres is still further interfered with. Nor is it to be wondered at that, from the same cause, an attack of carditis should in many cases determine the access of cerebral symptoms. The shock resulting from the occurrence of inflammation in such a vital organ as the heart is quite enough to disturb the cerebral circulation, and interferes with the brain's nutrition sufficiently to give rise to symptoms of undue excitement or undue oppression. And so it proved in M. M——. Of a naturally weak, unhealthy constitution and excitable nervous system, unhinged by her former attack of rheumatic fever and pericarditis, from which she had never thoroughly recovered, and exhausted by excessive work as a common servant, she was not in a condition to endure the pain of another attack of acute rheumatism, nor was her nervous system in a state to resist the irritating influence of unhealthy blood, combined with that of an attack of carditis. Accordingly, when subjected to these severe trials, her brain gave way, and her spinal cord showed symptoms of derangement.

And what is the practical lesson to be gleaned from these facts? Is it to employ venesection and tartarized antimony under the idea of suppressing undue excitement? Or is it not rather to support and tranquillize the system as best we may, whilst means are being employed to rid the system of the poison which has caused the mischief, and to subdue the morbid action which is going on? Assuredly the latter is the only safe and judicious course. Alkalies may be administered in small doses to counteract any undue acidity, and promote the elimination of the morbid matter; but meanwhile the system must be supported by beef-tea and other nourishment; and opium, and, if necessary, stimulants must be had recourse to; and calomel and blisters, if there is evidence of cardiac or local inflammation. Generally, as in the case before us, you will find it necessary at some period of the attack to administer wine or diffusible stimulants. The symptoms we have been discussing afford evidence of excitement without power, and are accompanied or followed by so much depression that if you fail to administer support, your patient will almost necessarily sink. Remember, then, that opium and stimulants are your sheet-anchor in these cases, provided no local inflammation is going on; and that, even though there be local mischief of a serious nature, it should be subdued, if possible, without the use of remedies calculated to exhaust or depress the patient. Calomel, blisters, and turpentine fomentatious should be employed rather than bloodletting and tartarized antimony; and if the local symptoms seem to call for the loss of blood, leeches should be had recourse to rather than phlebotomy. In all cases, however, opium is necessary; and, without reference to the existence or non-existence of local inflammation, wine or diffusible stimulants should be administered if the pulse and the tongue indicate failure of the vital powers.—*Lancet*, Dec. 27, 1862.

HOSPITAL NOTES AND GLEANINGS.

Fistula in the Pericardium (?)—M. C. D., aged 2 years and 4 months, was admitted into Hospital for Sick Children, Nov. 7, under the care of Mr. Thomas Smith, for a fistulous opening on the left side of the middle left line of the abdomen, between the cartilages of the eighth and ninth ribs. A probe passed into the opening glided between the ribs and passed upwards towards the middle line of the chest for about four inches. When in this position the probe follows the movements of the diaphragm closely, that part of the instrument which is external ascending during inspiration, and descending as the diaphragm goes up in expiration. The end of the probe quivers with each pulsation of the heart.

The *history* of the case was as follows: Five months ago the child was ill and had a swelling at the seat of the present fistula. This swelling was opened, and a pin was searched for, which the child was thought to have swallowed. No pin was found. The child was very ill and feverish after the operation, and the wound had ever since remained open, nor did it seem inclined to close. There was a scanty but persistent discharge from it.—*Med. Times and Gaz.*, March 28th, 1863.

Congenital Lachrymal Fistula.—J. R., aged 6½, was brought to the Hospital for Sick Children, for an opening over the right lachrymal sac, as large as a pin's head; it had existed since birth. There was no obstruction to the lachrymal passage either in the eyelid or nose. A probe could easily be passed downwards through the fistula into the lower nasal meatus. Caustic applied to the edges and the actual cautery failed to close the opening, and the boy left off attendance after an unsuccessful attempt to cure the fistula by paring the edges and uniting them with metallic suture.—*Med. Times and Gaz.*, March 28th, 1863.

Umbilical Fistula.—Two cases of an unusual kind of fistula have presented themselves at the umbilicus, from which bile has been, and still continues to be discharged.

The following is an instance of a more common form of umbilical fistula from patency of the urachus:—

Open Urachus.—A little boy, aged 2 years, was brought in July with a papillary projection at the umbilicus. In the centre of it was an opening, from which transuded at all times a fluid which was decidedly urinous in smell and appearance. A ligature was firmly applied to the button-like protrusion. After a few days it dried up and then fell off, and the fistula seemed permanently closed.

These papillary moist-looking projections at the umbilicus are not very uncommon; they are often quite unconnected with fistula—they are safely treated by ligature. —*Med. Times and Gaz.*, March 28th, 1863.

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Congenital Contraction of the Anal Orifice.—A girl, a few months old, came under care at the Hospital for Sick Children, for a malformation, which, Mr. Smith said, was not unusual, though almost unrecognized.

On March 7, it was brought, with suspicion of having calculus, though its symptoms were great pain and straining, and difficulty in defecation. On examination, the anal orifice was found to be so minute as to account for the symptoms complained of. The orifice was about the calibre of a No. 6 catheter.

Mr. Smith said that on the next visit he should treat this child as he had done others with the same malformation, and he hoped with the same success. The plan hitherto adopted is to make an incision at the anal margin, in the middle line towards the coccyx, and, if necessary, on either side as well, and to tell the mother to insert from time to time a piece of oiled sponge pretty tightly screwed up so as to expand.—*Med. Times and Gaz.*, March 28th, 1863.

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Imperforate Nostril.—A little girl about 5 years old, was taken to the Hospital for Sick Children, with the right nostril closed, and it had been so from birth. The corresponding ala of the nose was flat and unsightly, the nose being unsymmetrical in appearance. The child suffered inconvenience from the insufficient nasal aperture, snoring at night and snuffling by day. A narrow bistoury was passed into the nose through the united margins of the nostril, and these were then separated from one another to the required extent by main force; a piece of gum catheter was tied in. This was changed and replaced from time to time, and in three weeks' time was finally removed, the nostril being patent, and the corresponding ala nasi having assumed its natural position.—*Med. Times and Gaz.*, March 28th, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of the State of Pennsylvania.—The fourteenth annual session of the Medical Society of the State of Pennsylvania will be held in Philadelphia, on the second Wednesday (10th) of June, 1863, at 11 A. M.

J. Henry Smaltz,
J. M. Stevenson,
Recording Secretaries.

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Medical Society of New Jersey.—This society held its ninety-seventh annual meeting in Jersey City, on the 27th and 28th of January last. The following officers were elected for the ensuing year:—

President, T. R. Varrick, M. D.

Vice Presidents, Drs. E. M. Hunt, A. Coles, B. R. Bateman.

Cor. Sec., T. J. Corson, M. D.

Rec. Sec., Wm. Pierson, M. D.

Treasurer, J. S. English, M. D.

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New York State Medical Society.—This society held its fifty-sixth annual meeting at Albany, on the 3d, 4th, and 5th of February last. The attendance was large, and a number of interesting papers were read. The following officers were elected for the ensuing year:—

President, D. P. Bissell, M. D., of Utica.

Vice President, Joel Foster, M. D., of New York.

Secretary, S. D. Willard, M. D., of Albany.

Treasurer, J. V. P. Quackenbush, M. D., of Albany.

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Professorship of Midwifery in the University of Pennsylvania.—Dr. H. L. Hodge, who has long filled the chair of midwifery in the University of Pennsylvania with credit to himself and advantage to the school, has resigned. We wish him in his retirement the repose and happiness to which his numerous labors justly entitle him.

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College of Physicians and Surgeons, New York—Medical Department of Columbia College.—At the annual commencement held on the 12th of March last, the degree of M. D. was conferred on 57 candidates.

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Bellevue College Hospital.—At the annual commencement of this College on the 5th of March, 1863, the degree of M. D. was conferred on 42 candidates.

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New York Medical College.—At the annual commencement held on the 11th of March last, the degree of M. D. was conferred on 11 candidates.

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Starling Medical College, Ohio.—At the annual commencement held on the 23d of February last, the degree of M. D. was conferred on 36 candidates.

FOREIGN INTELLIGENCE.

Ovariotomy.—Dr. Grimsdale exhibited to the Liverpool Medical Institution (Dec. 11, 1862) an ovarian tumour removed from a woman aged 28, who died on the sixth day after the operation from peritonitis.—*British Med. Journ.*, Jan. 10, 1863.

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Marriages of Consanguinity.—Dr. Dévay, after a lengthened inquiry into the subject, concludes that we may in future include consanguinity in the catalogue of morbid etiology, as far as regards the human race; and that, as regards animals also, the evils resulting from unions of consanguinity are equally manifest, notwithstanding the assertions which have been made to the contrary. Hence, therefore, it is the duty of the medical man to oppose alliances of consanguinity by his instruction and advice.

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Death from the Vapour of Nitric Acid.—Mr. Stewart, a master in the Edinburgh Educational Institution, in Queen Street, and a porter in the same establishment, died last week from inhaling the fumes of nitric acid. Mr. Stewart was in the laboratory of the school preparing for some chemical experiments, and while carrying a jar of nitric acid across the room, it fell on the floor and was broken. He called the janitor to his assistance to wipe the floor and to endeavour to save a portion of the fluid. In this effort both unwittingly inhaled the fumes. Mr. Stewart went home to dinner unconscious of having received any injury. After an hour or two he began to experience difficulty of breathing, and sent for medical advice, but he very rapidly became worse, and died at two o'clock on Wednesday morning, about ten hours after the accident. The janitor was also taken ill, and, though he rallied for a time on Wednesday, he afterwards sank, and died at five o'clock on Thursday morning. In the year 1854 a similar occurrence took place at Sheffield, and it is worth remarking that the victim in that case, Mr. Haywood, a chemist, experienced no great uneasiness until three hours after the accident, when difficulty of breathing came on. In this respect the effect of the vapour of the acid is in marked contrast to that of ammonia.—*Med. Times and Gaz.*, March 14th, 1863.

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Statistics of the Globe.—The following curious facts are stated by the *Abeille Médicale :* The earth is inhabited by 1,288 million of inhabitants, viz., 369,000,000 of the Caucasian race: 552,000,000 of the Mongolian race; 190,000,000 of the Ethiopian; 1,000,000 of the American Indian; and 200,000,000 of the Malay races. All these respectively speak 3,064 languages and profess 1,000 different religions. The amount of deaths *per annum* is 333,333,333, or 91,954 per day, 3,730 per hour, 60 per minute, or one per second. This loss is compensated by an equal number of births. The average duration of life throughout the globe is 33 years. One-fourth of its population dies before the seventh year, and one-half before the seventeenth. Out of 10 000 persons only one reaches his 100th year: only one in 500 his eightieth, and one in 100 his sixty-fifth. Married people live longer than unmarried ones; and a tall man is likely to live longer than a short one. Until the fiftieth year women have a better chance of life than men; but beyond that period the chances are equal. Sixty-five persons out of 1,000 marry; the months of June and December are those in which marriages are most frequent. Children born in Spring are generally stronger than those born in other seasons. Births and deaths chiefly occur at night. The number of men able to bear arms is but one-eighth of the population. The nature of the profession exercises a great influence on longevity; thus out of 100 of each of the following professions the number of those who attain their 70th year is: Among clergymen, 42; agriculturists, 40; traders and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors, 27; and physicians, 24, so that those who study the art of prolonging the lives of others are most likely to die early, probably on account of the effluvia to which they are constantly exposed. There are in the world 335 millions of Christians, 5 millions of Jews, 600 millions professing some of the Asiatic religions; 160 millions of Mahometans, and 200 millions of Pagans. Of the Christians, 170 millions profess the Catholic, 76 millions the Greek, and 80 millions the Protestant creeds.

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Proportion of Births to Deaths in Great Britain.—In the first three quarters of 1862 the excess of births over deaths was 248,537, a national increase greater by 16,063 than in the corresponding period of 1861.

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Quackery.—Prof. TROUSSEAU, on the 18th and 25th of May last, gave two "Conferences on Quackery" in the large hall of the Faculty of Medicine. An immense number of persons, chiefly composed of workmen, were present. Amongst other things, he pointed out the sad but common fact of the ready access which quacks find to *des gens d'esprit;* and, to illustrate this, he gave an example of the weakness of Béranger in this way, of whom "he had the extreme honour to be the very intimate friend and the physician." Béranger suffered from a slight attack of ophthalmia, of which he was cured by Bretonneau. On another attack he called in the services of a Polish priest, who was possessed of a secret remedy. When cured, he begged Trousseau to interest himself for the quack, and get him admitted *officier de santé* by the Faculty. Trousseau examined the man, and found him ignorant of the barest facts of the anatomy of the organ. This he told Béranger, who exclaimed, "Ah, the poor fellow!" "I replied," says Trousseau, "my dear Béranger, I have been your doctor during eight years, and I am to-day going to ask for my fees." "What fees?" "You shall write me a song, and I will give you the chorus." "Indeed! and what shall it be?" "Ah! que les gens d'esprit sont bêtes." "We understood each other, and he never afterwards spoke to me of his Polish priest. Is it not sad to see that a man like Béranger, to whom I told the facts, could not understand how much mischief his *protégé* might do, and how utterly incapable he was of doing good safely in the simplest diseases of the eye?" "This Polish priest," adds *L'Union Médicale,* "is doubtless the Polish abbé who is still much spoken of in Paris, and who practises in diseases of the eye. It is said that he has an enormous practice."—*Brit. Med. Jour.*, July 26, 1862.

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Sale of Diseased Cattle.—Prof. GAMGEE gave a lecture before the Royal Dublin Society lately on disease and mortality among cattle, at the conclusion of which Mr. Ganley, salesmaster, stated "that unless some means were devised to give some compensation to the farmer for diseased cattle, it was impossible to prevent him from selling them, or the butcher from killing and selling them. Unless some society were formed to have diseased meat paid for, it would be killed and eaten. There was no use in mincing the matter, he said; every one of the salesmen sold diseased cattle. The farmer could not otherwise pay his rent. The disease is so prevalent that he could not live were he to submit his cattle to destruction. Professor Gamgee said he would have gone 1500 miles to hear this confession, and he agreed with Mr. Ganley that some plan should be adopted for paying the farmer for diseased cattle." This does but add superfluous confirmation to a fact that is already notorious. There is no doubt whatever that the prudent farmer, so soon as a bullock is seized with the lung disease, does have him killed forthwith; that so killed he is eaten; and that according to the English mode of cookery, much of the blood of the diseased animal must pass, in an unaltered state, into the stomachs of those who cut the juicy sirloin, or *underdone* round of beef, with its delicious gravy. Underdone meat is really, as Liebig taught us, raw *meat,* and the *red gravy,* so much prized as a restorative, is in reality tinged with the colouring matter of blood that has never, in the inside of the joint, reached a temperature of 180°.—*Med. Times and Gaz.*, Dec. 20, 1862.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Subacute and Chronic Rheumatism.—Delivered at St. George's Hospital. By HENRY WM. FULLER, M.D., Physician to the Hospital.

GENTLEMEN: In my last two lectures my observations were confined to cases of acute rheumatism, or rheumatic fever; to-day I propose to bring under your notice some varieties of disease which pass under the title of chronic rheumatism. Before doing so, however, I would say a few words respecting the cases admitted into the hospital under the title of subacute rheumatism—cases characterized by more or less swelling of the joints, with slight feverishness, acceleration of pulse, and coating of the tongue; but nevertheless not ushered in by rigors, and not marked by that degree of fever and excitement of the circulation, nor by the same amount of coating of the tongue, nor by the profuse sour-smelling perspiration and loaded urine, nor by the redness and exquisite pain and tenderness of the joints, which accompany acute rheumatism. In some hospitals, and by many practitioners, these cases are styled "acute rheumatism;" and there cannot be a doubt that the nature of the disease is the same in the one class of cases as in the other. But those of you who have watched the large number of patients whose symptoms are designated "subacute" in this hospital, must be aware how strictly they deserve the title which is given to them. They are truly "subacute," as compared with those which are styled acute; and the treatment required is in keeping with their subacute character. I will instance the case of M. H——, aged twenty-four, who was admitted into the Queen's ward on the 13th of January, 1862. Three weeks before her admission this woman was attacked with pain and swelling of the ankles, and one week before admission the right knee became swollen and painful, rendering it difficult for her to walk even across the room. When I first saw her the skin was warm and moist—not hot and

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

perspiring; the ankles and the right knee were swollen, principally from effusion within the capsule, but were not red, and were scarcely tender to the touch; the tongue was only slightly coated; the bowels were acting regularly; the urine was somewhat cloudy; the pulse 96, soft; the catamenia were regular: the appetite was good; the heart's action was regular and its sounds were clear. She told us that the pains were much relieved by warmth; and as guaiacum is a medicine which has always appeared to me to be signally useful in such cases, I determined to administer, every six hours, the guaiacum mixture of the Pharmacopœia, with the addition of half a drachm of carbonate of potash, half a drachm of acetate of potash, and six grains of iodide of potassium. At the same time I limited her diet to fish and beef-tea. By these means I hope to stimulate the action of the skin, to counteract acidity, to promote the action of the kidneys, and to check the further formation of the materies morbi. The iodide of potassium was given because observation has led me to believe that in subacute and chronic cases in which the articular swelling is referable principally to effusion within the capsule of the joint, this salt assists in promoting absorption of the synovial fluid, and acts beneficially as an alterative. Be this as it may, the result was satisfactory; relief was speedily obtained, and she left the hospital quite well at the end of the week (on the 19th).

In many of these cases the skin is very inactive, and when, as often happens, its inactivity appears to be in great measure the cause of the continuance of the rheumatic pains, hot baths, hot-air baths, and vapour baths are essential adjuncts to the treatment. Sometimes the liver is very sluggish, as indicated by the muddiness of the complexion, the yellowness of the conjunctivæ, and the furring of the tongue; and in such instances no permanent relief will be obtained until the diet has been carefully regulated, and the liver stimulated, by repeated doses of some mercurial preparation. An excellent example of this fact has been under your notice in the case of J. B——, aged twenty-one, in Holland ward. This woman was admitted on the 10th of February, 1862, suffering rather severely from articular pain and swelling of ten days' duration. Her skin was warm and dry, not hot and perspiring, and her general symptoms were hardly such as to justify us in classing her case as one of acute rheumatism. Her symptoms were treated in accordance with their subacute character. Her skin was acted on by means of a hot-air bath, and the guaiacum mixture was ordered to be taken every six hours, with the addition of half a drachm of carbonate of potash and half a drachm of acetate of potash. At the same time, as her complexion was muddy, the conjunctivæ yellowish, and the tongue exceedingly furred, and as the bowels were sluggish, I deemed it right to administer on alternate nights five grains of calomel and five grains of the compound extract of colocynth, followed in the morning by a senna draught, containing half an ounce of the potassio-tartrate of soda. Moreover, her diet was limited to beef-tea. The bowels were freely acted on by the medicine, and after each evacuation the pains were relieved, so that in a few days the swellings subsided and she was enabled to leave her bed. At this time (on the 16th) the complexion was still muddy and the tongue coated, though less so than before. As she was almost free from pain, and begged for an increased allowance of food, I was induced to give her a small quantity of meat. The result was an immediate return of articular pain and swelling, which I attempted in vain to relieve by alkaline medicines and hot-air baths. No impression could be made on the symptoms until beef-tea had been again prescribed as her diet, and recourse was again had to colocynth and calomel, to stimulate the secretory action of the liver and evacuate the acrid contents of the bowels. Relief was then obtained in a few days, and though her tongue had not thoroughly cleaned, and her complexion remained sallow, she was going on steadily to recovery. Some of you, however, having expressed a doubt as to whether her relapse was indeed attributable to my having given her meat and ceased to purge her, whether the recurrence of her symptoms at that particular moment was not a mere coincidence, I determined to satisfy you on this point by again ceasing to administer purgatives, and by ordering her meat for her dinner. The result was an immediate recurrence of pain and articular swelling, and a confirmation of my suspicions on the subject. Similar cases are of frequent occurrence, and are amongst the most obstinate met with in practice, if recourse is not had to repeated

—I had almost said the daily—administration of purgatives.

So again, when the constitution is weak and the patient is exhausted, rheumatic medicines—falsely so called—are of little avail for the cure of the disease until the system has been invigorated by tonics. Take as an example the case of E. K——, aged twenty-one, who was admitted into the Roseberry ward on the 18th of last November. She was pale, weakly, and out of health when she was attacked, three weeks before her admission to the hospital, with wandering pains in the limbs and occasional swelling of the joints. On admission, there was swelling of both knees and the left wrist, but no redness and very little tenderness; the skin was warm and moist, the tongue clean, the bowels were regular, the urine was clear, the pulse 84, soft and weak. The guaiacum mixture was ordered to be taken every six hours, with the addition of a drachm of the ammoniated tincture of guaiacum, a scruple of carbonate of potash, and six grains of iodide of potassium. This treatment, with some trifling alteration, was continued until the 3d of December, when, as little or no improvement had taken place, and the pulse was very weak, I substituted the cinchona draught for the guaiacum mixture, and continued the other medicines as before. A marked change occurred immediately. Within a few days her aspect became more healthy; by the 8th the swellings had disappeared; and by the 12th there were no longer any pains in the joints. On the 15th she left the hospital. Let me beg of you, then, to be very watchful for the indications which point to the necessity for tonics. Knowing, as I do, from long experience, how frequently their exhibition is necessary, I am nevertheless too apt, as in this case, to overlook the symptoms which call for their administration. Much more will this be so with you, if you do not bear the fact constantly in mind. A clean tongue and clear urine, when met with coincidently with a cool, moist skin, or a clammy perspiration, are symptoms which denote a languid state of the system, and demand the aid of tonics; and although the form of tonic required may vary in different cases, you will rarely succeed in relieving your patient if you fail to impart tone and vigour to his system. You will see this fact constantly illustrated in practice; and now that your attention has been specially directed to it, you alone must bear the blame if you do not recognize the necessity when it occurs, and act on the suggestions I have thrown out.

One word before quitting this subject on the frequency of inflammation of the heart in connection with "acute" and "subacute" rheumatism. The statistics which I collected in the wards of this hospital during the period of my registrarship[1] show that whereas the heart is damaged to a greater or less extent in 1 out of every 2.06 of the cases designated "acute" in our wards, it suffers only in 1 out of every 6.65 of the cases which are styled "subacute;" and if this latter class were still further extended, and were made to include examples of rheumatic gout, and cases of rheumatism characterized by severe pain, but unaccompanied by articular swelling or febrile disturbance, the proportion of cases in which the heart would become damaged would fall to 1 in 36.25 cases. In a therapeutical point of view, this difference in the liability to heart affection, according as the rheumatism assumes one type or another, is a matter of grave importance, as proving how much more energetic should be our treatment in one case than in another, and how much more watchful we should be for the accession of cardiac mischief. But its practical bearing on the statistics of heart disease is even more important, for you will readily understand how much more favourable any particular mode of treatment may be made to appear, in reference to cardiac complications, if cases of subacute and chronic rheumatism, and cases of rheumatic gout, are included under the head of acute rheumatism, than they would be if the term acute rheumatism were restricted as it is in the wards of St. George's Hospital.

(*To be continued.*)

HOSPITAL NOTES AND GLEANINGS.

Amaurosis occurring in a Young Man an Immoderate Smoker of Tobacco.—G. A., aged 28, a butcher, applied at the Royal London Ophthalmic Hospital, March 25, 1863, on account of partial loss of sight in both eyes.

He was a strong man, having every appearance of health. He stated that he had always had good health, that he had never indulged in liquor to excess, and that he had never had syphilis. His occupation had not been of such a nature as to fatigue his eyes. About eight or nine years ago, he began to smoke tobacco, and gradually smoked more and more, till he smoked about half an ounce of strong tobacco a-day. He had not apparently suffered in general health from smoking, but about nine months since his sight began to fail, and had gradually become worse at the time of his admission.

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[1] See my work on Rheumatism, Rheumatic Gout, and Sciatica, 3d edition, pp. 260—284.

He can now scarcely read No. 18 test-type (canon) with his left eye, and No. 16 (2-line great primer) with his right. Distant large objects are also indistinctly seen. Both pupils are considerably dilated, the irides act slowly and imperfectly. Examined with the ophthalmoscope both optic nerve disks are partially atrophied; the apparent inner half of each is white, the outer red and hyperæmic.

Mr. Wordsworth pointed out the case to the class as one of "tobacco amaurosis," of which he had lately seen several in excessive smokers, all being more or less attended by atrophy of the optic nerves. So far as he was aware, this form of amaurosis was quite incurable.—*Med. Times and Gaz.*, April 4, 1863.

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Intra-Pelvic Abscess, presenting in the Groin and extending down the Thigh; Clinical Remarks.—An interesting case of pelvic abscess was admitted many months back in University College Hospital, which possessed the unusual feature of presenting in the groin. The patient, Anna A——, a housewife, aged 38, was confined a year and a half before her admission; and some months later an abscess formed in the groin, and gradually extended until it had reached the lower part of the thigh, in its course passing between the femoral vessels. The case was made out to be intra-pelvic abscess, but had been sent into the hospital as one of tumour of the thigh. When examined, the abscess was discovered lying to the inner side of the thigh, upon the adductors, and was the size of a large flattened pear. Mr. Erichsen made an incision (under chloroform) down to the adductor muscles, and pushed a probe into the abscess; a blunt-pointed forceps was then introduced alongside the probe, and on opening the blades a quantity of thin watery pus gushed out—probably a pint or more. In making the incision, Mr. Erichson kept to the inner side of the saphena vein, and in some clinical remarks, afterwards made, he observed that the muscular structure was over it, and that it frequently happened there was some large vessel which furnished a quantity of blood; oftentimes there was inflammation of the surrounding structures. He had sometimes seen great hemorrhage from opening such an abscess with a scalpel; and in the present instance it might have been severe if that method had been practised. He recollected an instance in the hospital many years ago, in which a surgeon had opened an abscess in the thigh of a student, whose life was nearly lost from the hemorrhage which ensued; and it actually became necessary to tie the femoral artery before the bleeding could be arrested. He had, a short time since seen a suggestion—made, he believed, by Mr. Hilton—for the opening of an abscess, which was well worthy of recollection: it was to expose the muscular covering, and to pass a steel probe through the muscle into the abscess; a dressing forceps could then be passed into it with the probe as a guide, and on dilating the blades the pus would flow out. This suggestion he had, with great facility, adopted in the present instance. He believed that a drainage-tube acted like a seton, and here it was convenient to introduce one, which he did by means of an eyed-probe with the eye cut off, leaving it like a fork, which could be passed into one of the holes of the drainage-tube, and thus readily introduced into the abscess.

The secretion of pus gradually diminished, and the patient left the hospital some weeks later comparatively well.—*Lancet*, March 14, 1863.

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Farcy treated by Large Doses of Iodide of Potassium—Recovery.—C. H., aged 52, came to Mr. Savory's consulting-room, St. Bartholomew's Hospital, August 28, 1862, giving the following history of himself: He had been in easy circumstances, as a gentleman's servant, till January, when, being out of employment, he took to the care of a stable and to driving a cab. The stable was known to have been infected with glanders poison for a twelvemonth previously, and six or seven horses had suffered from the disease.

He remained well till the end of May, at which time, after feeling very languid and depressed for some few days, he noticed that the left side of his nose was red, swollen, and painful; and on the mucous membrane of the nostril he found six or seven small, red, and very sensitive pimples. A copious, thick, yellow, and very fetid discharge began to flow from the nose, and a quantity was spat from the back and upper part of the pharynx. The glands under the jaw were enlarged, and he had "kernels along his jugular;" the throat was sore, and deglutition was painful. About a fortnight later, seven or eight "buds" as big as a fourpenny-bit, and about twelve smaller ones, appeared on the left side of the neck and the left arm. These suppurated, and, after a time, healed, being succeeded by others which, in their turn, also healed, and gave place to fresh eruptions of similar pustules. The glands in the axilla were enlarged, but the lymphatic trunks seemed unaffected. He now became much emaciated, and so feeble that he could scarcely walk, and, not being able to obtain proper food and good lodgings, fell into the deepest distress.

When he came to the Hospital, the "buds" had ceased to break out; the discharge from both the eye and nose was very abundant, thick, yellow, and fetid. The eye was considerably protruded, and the conjunctiva slightly chemosed. The glands under the jaw and along the side of the neck were still enlarged. He was much emaciated and exceedingly weak. He was ordered to be kept in a room by himself; to take two grains of quinine three times a day, and two pints of porter, with good meat diet.

August 30. Seemed more feeble than when admitted. To take a teaspoonful of bark with the quinine, and four ounces of brandy.

31*st*. To take two teaspoonfuls of bark, instead of one, with the quinine.

September 8. Appeared getting worse: the discharge was very copious, and the eye was more prominent than when he was taken in. Ordered two teaspoonfuls of bark with seven grains of iodide of potassium three times a day.

26*th*. Was certainly improving under the iodide. Had gained strength and was more cheerful, and could take his food better. Discharge about as before. To take ten grains of the iodide instead of seven.

October 12. Was very much better. The eye was less prominent, and the discharge from both it and nose was decreasing. He was gaining flesh, and was able to sit up. To take twelve grains of the iodide three times a day.

20*th*. Was now able to walk about, and expressed himself as nearly well again; general condition good; the discharge though much decreased had not ceased, and the eye was still more prominent than natural. To take fifteen grains of the iodide three times a day.

He was discharged on November 17, at which date, although the secretion from the nose was excessive, it had ceased to be fetid, and the eye had receded into its natural position.

When seen on February 7 he was in good health, and considered that he had entirely got rid of the disease.—*Med. Times and Gaz.*, Feb. 14, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The *Buffalo Medical and Surgical Journal* for last month contains the following ominous remarks relative to troubles likely to arise at the forthcoming meeting of the Association. While we are among those who do not accord with the Committee of Arrangement as to the expediency of the Association being called together at the present time, or in the place proposed, we trust that none of the foreshadowed troubles will disturb those who may there assemble.

"This National Medical Association has thus far received the respect and confidence of the profession, and to insure its continuance, the organization itself must be guarded upon all sides from the dangers to which it is exposed. Its action must be above all sectional, political, or personal influences, the interests of the profession—its elevation, protection, and advancement—the only objects of its endeavour. Should it, from neglect and inattention, degenerate into a medium of personal advancement or sectional strife, the power of its influence will soon be lost and itself forgotten; while with high purposes and properly conducted efforts, the true interests of the profession will be promoted, and confidence and regard continued.

"The membership of this society has been of the most worthy of the profession, and election to office in it regarded as distinguished honour; and whatever action may be taken upon the exciting topics to be presented, we hope every attention may be bestowed upon maintaining the integrity of the society itself. Aspirants for its chief honours are already quite numerous, and we hope that it may be bestowed upon those only who are true to themselves, the profession, and the country; that they may be at least *loyal to the country beyond suspicion.* Though we should most heartily oppose all action of a decidedly political bearing, yet we should regard it a disgrace to the profession and to the country, if the chief honours of the society should be bestowed upon any one *suspected* even, of disloyalty. That such an idea should be suggested will appear strange, that any physician of the North should be suspected disloyal *is very strange.* We have our reasons for calling attention to it."

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Circular No. 6—from Surgeon General's Office, Washington, D. C., May 4, 1863.

1. From the reports of Medical Inspectors and the Sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps by this office to correct this abuse; an abuse the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of profuse salivation, but in the not infrequent occurrence of mercurial gangrene.

It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the Supply Table, and that no further requisition for this medicine be approved by Medical Directors. This is done with the more confidence, as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

II. The records of this office having conclusively proved that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the Supply Table being a tacit invitation to its use, tartar emetic is also struck from the Supply Table of the army.

No doubt can exist that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration.

W. A. HAMMOND,
Surgeon General.

—

Philadelphia County Medical Society. Delegates to State Society.—The following delegates were elected by the Philadelphia County Medical Society to the Fourteenth Annual Session of the Medical Society of the State of Pennsylvania, which will be held in this city on Wednesday, the 10th day of June next:—

Drs. William Ashmead, Wm. B. Atkinson, John Bell, T. E. Beesley, Franklin Bache, Robert Burns, Joseph Carson, D. F. Condie, James M. Corse, William Darrach, G. Emmerson, Albert Friké, David Gilbert, Lewis P. Gebhard, Jacob Huckel, Henry Hartshorne, Nathan L. Hatfield, William Hunt, George Hamilton, Wilson Jewell, R. S. Kenderdine, John F. Lamb, Joseph Leidy, William Mayburry, Samuel Murphy, Andrew Nebinger, Robert E. Rodgers, Alfred Stillé, W. Sargent, R. P. Thomas, Samuel N. Troth, C. P. Tutt, Ellersie Wallace, Charles Wittig.

The Ex-officio Delegates from Philadelphia are:—

Drs. F. Bache, John Bell, Joseph Carson, D. F. Condie, Levi Curtis, William Darrach, John F. Lamb, William Mayburry, J. Henry Smaltz, A. L. Kennedy.

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University of Pennsylvania.—The chair of midwifery in the medical department of this university, has been filled by the election of Dr. R. A. F. Penrose, and that of physiology by the election of Dr. F. G. Smith.

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Tenement Houses in the City of New York.—The recent report of the City Inspector of New York, contains the following summary of the number of tenement houses in that city, and their condition:—

"The total number of tenement houses is given at 12,374, with a population of 401,376, of whom 22,095 live in cellars—a subterraneous population large enough for a small city in itself. A little more than two-thirds of the houses, namely, 8,546, with a population of 253,901, are provided with good means of escape in case of fire, while 3,801 houses, inhabited by 125,380 persons are deficient in this respect. The ventilation of 8,126 houses containing 238,113 persons, is reported as good, and 4,221 houses, containing 141,168 persons, are badly ventilated. The following is an exhibit of the number of cubic feet to each person:—

		No. of Houses.	Population.
Having from	100 to 300	1,909	62,988
" "	300 to 400	3,031	102,348
" "	400 to 500	2,560	78,751
" "	500 to 600	1,661	48,342
" "	600 to 700	1,100	31,752
" "	700 to 800	798	22,281
" "	800 to 1,000	1,288	32,809
Total . .		12,347	379,281

Condition of the Streets of the City of New York.—The City Inspector, in a late report, makes the following statement in regard to this subject.

"Since my last communication of the 26th of March, there has been no improvement in the cleaning of the streets, but on the contrary, the city, at this moment, is in a more filthy condition than has heretofore been the case at this season of the year, notwithstanding the favourable condition of the weather for street-cleaning purposes. As an evidence of the effect of this state of things upon the health of the community, I would state that the mortality of the city from the first of March has been largely on the increase, until it has now reached a point of fearful magnitude. For the week ending April 27, there were reported to this department one hundred and forty more deaths than occurred during the same week of the previous year. Were this increase of mortality the result of an existing pestilence or epidemic among us, the public mind would become justly alarmed as to the future; but, although no actual pestilence, as such, exists, it is by no means certain that we are not preparing the way for some fatal scourge by the no longer to be endured filthy condition of our city."

Obituary Record.—Died, in West Chester, Pa., April 23, Wm. Darlington, M. D., in the 81st year of his age. Dr. D. was one of the ablest botanists in the State, and was universally esteemed for his extensive cultivation and strict integrity.

FOREIGN INTELLIGENCE.

Maculated Typhus in London.—This disease has been prevailing to a great extent in London. We learn from an article in the *Lancet* (April 11, 1863), that in 1860 the total number of admissions into the London Fever Hospital did not exceed 391, of which only 151 were examples of continued fever, and at that time serious thoughts were entertained of converting the institution into an hospital for general diseases. But in the year 1862, the number of admissions rose 2699, or exceeded by 1000 the largest number of admissions in any previous year of the hospital's history. The number of deaths in London from fever during the past twelve months was 3635, which represents an enormous prevalence of fever. The prevalent form of fever is said to be the maculated typhus, the same which decimated the armies in the Crimea, and is, we believe, the same disease of which we have had some few very malignant cases lately in the neighbourhood of Philadelphia.

Smallpox at the Cape of Good Hope.—Smallpox has been virulent and very fatal about Moselikatese's country; it has nearly destroyed the tribe of the Bangamwatos, amongst whom the dead were so numerous that they were abandoned to the hyenas.—*Ibid.*

Medical Secrecy.—We have already alluded (see No. for April, p. 32) to the discussion going on in the Medical Societies of Paris relative to the obligations of secrecy by medical men. The following lamentable case gave origin to this matter: A young gentleman had paid his addresses to a lady of delicate health, and had been accepted by the family; it, however, came to the ears of the young lady's father that her betrothed had been for some time under the care of a practitioner of considerable eminence, and he had heard such hints thrown out that he judged it proper to call upon the physician with the hope of learning from him whether his intended son-in-law had any complaint that might prove injurious to his daughter, who was herself somewhat of an invalid. He was courteously received by the doctor, who, however, positively refused to give the slightest information as to the state of the youth, his patient. He declared that it would be a breach of confidence which no circumstance could warrant. The father dwelt upon the necessity of arriving at truth, and stated that the approaching marriage of his daughter filled him with anxiety from what he had accidentally heard. He pleaded in vain; not a syllable was to be obtained from which he could glean any shadow of information. The marriage took place, and fearful were the results. The young wife was affected with secondary syphilitic symptoms, which, from her ignorance and her delicacy, assumed a most formidable character, she not disclosing her state to anybody. An infected infant is brought into the world; the mother, always delicate, dies, and a tragedy of a most afflicting character supervenes, in consequence, as it has been alleged, of the improper silence of the medical man. Arguments on both sides have been heard. At two of the medical societies, the opinion has been given by large majorities that one of the first duties imposed upon the doctor is silence. The oath of Hippocrates to that effect is quoted, and there seems to be a disposition generally to consider that the physician is never warranted to give information as to the state of those consigned to his care. The words of the law which appear in the penal code are,—"Physicians and other persons who by profession are depositories of secrets confided to them, and who, unless called on by law, shall reveal such secrets, shall be punished by imprisonment from one to six months, and by fine from 100 to 500 francs."

—

English Civilization.—Injuries Resulting from the Late Rejoicings in London on the Occasion of the Marriage of the Prince of Wales.—[The *Lancet* (April 11, 1863) gives the following account of the numerous casualties treated in the various hospitals, and which is not calculated to inspire us with a very high estimate of so much boasted English civilization and refinement.]

At St. Bartholomew's Hospital, three persons were brought in out of the six crushed to death on the night of the illumination in the neighbourhood of Ludgate-hill; a fourth died from a fracture, following injury, during the procession; and a fifth inquest was held on the poor woman who died from disease of the heart in the crowd. On the night of the 11th, about thirty persons were brought in with scalp-wounds, broken legs and arms, dislocated shoulders, and other injuries. During the following week, about thirty more out-patients were treated for similar injuries. On the whole, at St. Bartholomew's there were about sixty injuries, from torn scalp up to broken legs, and five cases of death. At Guy's, also, there were some dozen of minor injuries, fractured ribs, clavicles, scalp-wounds, &c., and six cases of fractured leg, one resulting in death, and one in amputation of the left thigh and hand. This latter is progressing favourably. At St. George's there were twenty-six cases, of which twenty-one were males, and three females. The injuries were —fracture in twelve, bruises and wounds in thirteen cases, and one dislocation. The skull was fractured in two patients, and the result was fatal in both; so also was a fracture of the spine. The leg was broken in two, and the thigh in one instance. Of the humerus (surgical neck of), the clavicle, and nose, there was each a case of fracture, and three of broken ribs. There were a dozen slight injuries at Westminster Hospital, with two severe cases of fracture, one of the leg, and one of five ribs and the clavicle. At Charing-cross, eight cases, one severe, of a fractured thigh; a couple of fractures at St. Mary's Hospital, and a few slight injuries, with a small contingent of casualties for the remaining hospitals, complete the list. It is far larger than the casualty report of many a sharp engagement.

* * * "Nearly all the fatal cases have occurred among females, and chiefly women venturing alone in the vast crowd. Of the minor casualties, the majority occurred among men, and unquestionably a great number were due to the disgraceful violence of a number of roughs, who were to be found in the crowd, hustling, charging, and directing rushes through the most crowded places. The records of the City hospitals, with the melancholy array of deaths, bear an obvious moral for the police force of the Corporation."

—

Consumption of Horseflesh in Berlin.—A Berlin newspaper makes the statement, that there are at the present time seven markets for horseflesh in that city, in which, during the first ten months of 1862, there were 750 horses slaughtered. No horse is allowed to be slaughtered and sold without the certificate of a Veterinary Surgeon.—*Med. Times and Gaz.*, Feb. 7, 1863.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Subacute and Chronic Rheumatism.—Delivered at St. George's Hospital. By Henry Wm. Fuller, M.D., Physician to the Hospital. (Continued from p. 43.)

We will now pass on to the consideration of cases of so-called chronic rheumatism. If the term chronic rheumatism were to be limited to cases in which pains in the limbs resulted from the presence of the materies morbi which gives rise to true rheumatism as typefied by rheumatic fever, my conviction is that you would meet with comparatively few examples of this form of disease. Experience shows that the sufferers from rheumatic fever are usually exempt from chronic rheumatism, and that if, as sometimes happens, they do have pains in the limbs, the attack soon subsides under appropriate treatment, or else runs into rheumatic fever. Further, the disease bears the impress of true rheumatism from its very commencement. The patients are pale or sallow, the tongue is coated, the urine shows a tendency to deposit lithates, the pains manifest a strangely migratory character—shifting repeatedly from limb to limb, and alkalies, combined it may be with tonics, afford almost immediate relief. But, as I told you at the beginning of my lecture, many varieties of disease are comprised under the title of chronic rheumatism; and you will readily understand that if this be so—if cases differing not merely in their general features, but in their mode of origin and essential cause, are classed together under the same title—the treatment which may check the progress of one case may fail to exercise the slightest influence over the course of another. And so in practice it is found to be. It is not that a remedy is efficacious in some particular form of rheumatism in one person and fails to relieve the same form of rheumatism in another; on the contrary, the medicine which proves remedial in one person will usually eradicate the same form of the complaint in another.

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So generally does this hold good, that it forms an almost unanswerable argument in favour of a plurality of poisons; and I do not hesitate to state my conviction that many cases of so-called rheumatism have nothing in common with true rheumatism as typefied by rheumatic fever, but arise from the presence of totally different materies morbi, and, consequently, require a totally different treatment.

Let me take a few examples of some of the more common and more obstinate forms of so-called chronic rheumatism. P. D——, aged fourteen, a cachectic boy, who had suffered for some months from cough and general debility, resulting, as it appeared, from insufficient nourishment and general neglect at home, was admitted into the Fuller ward on the 16th of November. His principal complaint was of pains in his limbs and finger-joints, and occasional swelling of the knees. These had troubled him about twelve months, and had latterly become so severe as to cause him to disregard his cough. He had been under medical treatment above two months, but he had not obtained relief. His aspect was cachectic; his skin cold and clammy; the circulation languid, so that his hands and fingers were of a purplish colour; the pulse was 90 and weak; the tongue clean; the urine clear; the bowels were reported regular; the appetite was indifferent. Here, then, was a case—an obstinate case of so-called rheumatism—of rheumatism so obstinate that it had resisted all means employed to get rid of it above twelve months! Yet what single symptom of true rheumatism did it present, except pain and occasional swelling of the joints? The tongue was clean, the bowels were regular, the urine was clear, the skin cool; there was no feverishness, no evidence of the presence of that acidity by which true rheumatism is characterized. But as there were pains in the limbs and joints, the malady was called rheumatism, and as rheumatism I doubt not it had been treated, for the boy had not only taken medicines, but had had repeated warm baths. The result I have just told you; he had failed to obtain the slightest relief, and at length was brought to the hospital. No wonder that treatment directed against rheumatism should have failed so signally: for the boy was not suffering from that disease, but from irritation and pain in his joints resulting from a cachectic condition of his blood altogether distinct from that which exists in rheumatism. Those of you who are familiar with the features of gout, or who have noted the severe aching pains in the limbs by which an attack of typhus fever is ushered in; the intense pain in the loins and oftentimes in the limbs also which accompanies an attack of smallpox, and pains in the limbs, with occasional effusion into the capsules of the joints so commonly met with in cases of glanders, and in the cases of starvation which sometimes seek a refuge in our wards, need not be reminded that other agencies besides the rheumatic poison may excite pains in the limbs and swelling of the joints, and will admit that the only so-called rheumatic symptom from which this boy was suffering, may and often does arise quite independently of any true rheumatic influence. The only indications for treatment in this case—the indications which any one must have seen who could divest himself of preconceived ideas as to rheumatism—were the cachectic condition of the system, the cold clamminess of the skin, the feebleness of the circulation, and the want of appetite. With the view of meeting these difficulties I gave him a five-grain compound rhubarb pill to make sure of a proper emptying of the bowels, and prescribed a draught to be taken three times a day, containing a drachm of the syrup of iodide of iron, an ounce of the infusion of quassia, and half an ounce of cod-liver oil. At the same time I urged him to try to eat meat, and ordered him the ordinary diet of the hospital and a pint of porter. Strange treatment for his rheumatism! Yet it proved eminently successful, whereas the orthodox hot baths and rheumatic remedies had failed. Within a fortnight his aspect had improved, he had gained strength, and the pains were greatly relieved. At the expiration of three weeks, his pains having wholly ceased, and his strength and health becoming daily more satisfactory, he was made an out patient of the hospital. Before he left I directed him to continue his medicine for at least another month, on the ground that in all these cases it is necessary, not only to relieve the pains, but to guard against their recurrence by a lengthened course of tonics.

The case of E. C——, a married woman, aged thirty, whom you will remember in the Queen's ward, is an example of another form of malady which is styled rheumatism; but has nothing, except pain, in common with true rheumatism. She had usually enjoyed good health; but had suckled her youngest child above fourteen months, and had felt weak and languid ever since. Whilst in this state she was attacked with severe pain, extending from the right knee down to the toes. This pain commenced three months before she applied to the hospital, and although she had been under medical treatment above two months, and had not only taken a large quantity of medicine, but had employed a variety of embrocations, she had failed in obtaining the slightest relief. She described the pain as of a burning character, and as being aggravated in paroxysms at irregular intervals. It was not accompanied by redness or swelling, but during a paroxysm there was decided increase of heat in the part. There had not been pain in any other part of the body. When I first saw her she was pale and sallow; the skin was natural; tongue coated; bowels reported regular, and urine clear; the pulse was 84, regular, but weak; the catamenia, were regular but too profuse. Now, without stopping to inquire into the pathology of this form of disease, which, if not recognized as distinct from true rheumatism is usually little amenable to remedies, I would direct your attention to the clinical history of the case under consideration as bearing upon the treatment to be adopted. In the first place, the symptoms, if carefully examined, do not bear the impress of true rheumatism. There was no previous history of rheumatism, and no turbidity of the urine; there was no redness, no swelling, no shifting of the pain from limb to limb, as is almost invariably observed in rheumatism. But there was coating of the tongue, feebleness of the pulse, and distinct paroxysmal increase of pain, and the severity of the pain was far in excess of what the local symptoms appeared to indicate. In short, the pain was evidently of a neuralgic character, and the disposition to it was probably engendered by debility and exhaustion, resulting from her having suckled her child above fourteen months. Such, at least, was my view of the case, and I ordered her accordingly the ordinary diet of the hospital, with a pint of porter, and prescribed the following medicines: Colocynth and calomel pill, ten grains, at bedtime. Tincture of aconite, six minims; disulphate of quinine, five grains; dilute sulphuric acid, twelve minims; water to an ounce and a half: every six hours. By this means I hoped to get rid of any offending matter which might have accumulated in the bowels, and given rise to the coating of the tongue, and to subdue the exalted sensibility of the nerves with which her suffering was manifestly connected. The result proved that my view was correct; for within four days the pain in the leg was much relieved, and at the expiration of a week she left the hospital, having thoroughly got rid of the pain, which for three months had not ceased to trouble her.

HOSPITAL NOTES AND GLEANINGS.

Spontaneous Disease of the Elbow in a man aged seventy-two; removal of the limb.—Diseases of the joints in aged people, spontaneously occurring, and running a rapid course towards disorganization, are very rarely witnessed in surgical practice. In very old persons the joints are often chronically affected for years, and seldom require removal of the limb.

Some weeks back, a man, aged seventy-two, was admitted with disease of his right elbow-joint of only six months' duration, occurring spontaneously, without any assignable cause; the part was much swollen, painful, and somewhat inflamed. Every effort was made to relieve these symptoms, but without avail. The forearm was becoming involved, and as the constitutional powers were beginning to flag. Mr. Erichsen considered it necessary to submit the patient to amputation. This he said he did very reluctantly, on account of the patient's age, as well as its being one of the superior extremities, with such a useful appendage as the hand. But if delayed any longer, it would be at the sacrifice of the patient's life.

Removal of the arm was accomplished on February 18th, by lateral flaps, and only a few drops of blood were lost. On laying open the articulation, the whole of the cartilages were found destroyed, and the bony surface was quite bare, with rather extensive erosion; the head of the radius was the last and the least affected, for some of the incrusted cartilage was still present. All the soft structures were completely disorganized, and infiltrated with a soft, pulpy, and gelatinous material, extending some distance downwards into the forearm. The disease was too advanced to permit of excision, which Mr. Erichsen would most readily have attempted had there been any chance of its proving a successful measure. Although very little blood was lost during the operation, the stump was very vascular, and a number of vessels required ligature. The stump up to the present time is healing very kindly, and if no drawback present itself, notwithstanding the age of the patient, he is expected to make a good recovery.—*Lancet*, Feb. 28, 1863.

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Subcutaneous Injection of Morphia after Operation, before Restoration of Consciousness after Chloroform.—On the 31st of January, Mr. Paget removed the left leg of a young woman at its upper fourth, by means of the circular operation, whilst the patient was under the influence of chloroform. The woman was the subject of paralytic varus, which had been submitted to a former operation, with the result of the restoration of the foot to its natural shape. It was, however, a useless limb, was the subject of ulceration and chilblains, and for the purposes of progression was of no value whatever. It caused her a great deal of misery and trouble, and she was most anxious to get rid of it. To this Mr. Paget consented; and after removal, the limb was found, as is usual in such cases, to have undergone fatty degeneration, and the bones were in the same state.

After the stump was dressed, a subcutaneous injection of a solution of a third of a grain of morphia was practised, with the view of inducing freedom from pain, and some refreshing sleep after a return to consciousness. This practice, as Mr. Paget remarked, has been in use for some time at the Middlesex Hospital, and has afforded much comfort and ease, especially after many of the more important and painful operations. From a quarter to a third of a grain, or, if necessary, even half a grain, of the morphia may be employed, according to circumstances.—*Lancet*, Feb. 7, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—At the thirteenth meeting of this Association in New Haven in 1860, it was determined that the next annual meeting of the Association should be held in Chicago, on the first Tuesday of June, 1861, and the usual Committee of Arrangement, consisting of physicians residing in the above-named city, was appointed. That meeting in consequence of the condition of the country was postponed by the Committee of Arrangement, who, however, a few months since, invited the different authorized institutions to send delegates to a meeting proposed to be held on the first Tuesday of June, of the present year.

In compliance with this call 179 delegates, representing 16 states and the army and navy, convened at the above named time and place. Dr. Wilson Jewell, of Pennsylvania, elected one of the Vice-Presidents in 1860, took the chair.

Dr. N. S. Davis, Chairman of the Committee of Arrangements, on behalf of the physicians of Chicago and the State of Illinois, bade the delegates welcome in an appropriate address, and stated the reasons which had induced the Committee to postpone the stated meeting of the Association, and for asking its assemblage at the present time.

A Committee on Nominations was then appointed, after which the acting President delivered his valedictory address. The Association then adjourned until the afternoon.

Afternoon Session, June 2.

The Association having been called to order, the Committee on Nominations reported the following officers for the ensuing year.

President.—Dr. Alden March, of New York.

Vice-Presidents.—Drs. James Couper, of Delaware; David Prince, of Illinois; C. C. Cox, of Maryland; and E. S. Carr, of Wisconsin.

Treasurer.—Dr. Caspar Wister, of Philadelphia.

Secretaries.—Drs. H. A. Johnson, Ill.; Guido Furman, New York.

These nominations were confirmed.

Dr. Askew, of Delaware, presented, on behalf of the Treasurer, his annual report, showing a balance in the Treasury of $504 21; and stating that the funds of the Society would only allow of the printing of those papers which may be of most value, and that these should be condensed as much as possible.

The report was adopted.

The Committee on Publication made their annual report, which was accepted.

Dr. Griscom read an account of a case of Diarrhœa Adiposa.

Dr. D. L. McGugin, on behalf of the Committee on Prize Essays, reported that only one essay had been presented which was deemed worthy of a prize. The subject of this was Veratrum Viride and its alkaloid Veratria. On opening the accompanying sealed package, the author of it was announced to be Samuel C. Percy, M. D., Prof. of Mat. Med. and Therap. in New York Medical College. The essay was referred to the Committee of Publication for insertion in the Transactions.

Dr. Squibb, Chairman of the Committee on the Practical Workings of the U. S. Law relating to the Inspection of Drugs, asked to be continued until next year, which request was granted.

Dr. A. K. Gardner, of New York, presented a paper on the Use and Abuse of Pessaries, the reading of which was, on motion, postponed until next year.

Various committees were continued until next year.

The Committee on the Hunter Testimonial reported that they had raised the sum of $357 in one dollar subscriptions, a portion of which had been forwarded to London. The account, on motion, was ordered to be closed, and the balance on hand sent to England.

Dr. Lawson called attention to the recent order of the Surgeon General, striking off calomel and tartar emetic from the supply table for the army. The subject was referred to a committee with instructions to report.

Dr. Cox called attention to the want of proper rank, for army surgeons, and offered the following resolutions, which were adopted.

Resolved, That a committee of five be appointed by the chair to draft a memorial to Congress asking the enactment of a law by which Surgeons in the service of the United States army may be accorded relative rank in the same.

Resolved, That each medical gentleman present be urgently invited to use every proper influence with the members of Congress from his respective district, to urge the passage of a law, favourable to this object, at the ensuing session of Congress.

The Association then adjourned.

Wednesday Morning, June 3.

The President, Dr. A. March, took the chair, and called the Association to order. The minutes of the previous session were read and approved.

The Committee on Nominations reported in favour of Baltimore as the next place of meeting; but the Association decided that it should be held in New York on the second Tuesday in June, 1864.

On motion, a committee consisting of one member from each State was appointed to investigate and report upon an ambulance system for the army of the United States.

A resolution was offered for the appointment of a committee to urge the compulsory vaccination of every person in the United States. It was referred to a committee consisting of Drs. Hibbard, Jewell, and Griscom.

A committee consisting of Drs. Pearson, Beardsley, and Cutter, appointed to draft resolutions expressive of the sense of the Association relative to the death of their late President, Dr. Eli Ives, reported a series of resolutions, which were adopted.

A paper by Prof. E. Andrews, of Chicago, on Diathesis in its Surgical Relations, was presented and referred to the Committee of Publication.

The resolution adopted at the meeting in New Haven, dividing the Association into sections, was suspended for this session.

The meeting adjourned.

Wednesday Afternoon, June 3.

The Association met at 3 o'clock.

Dr. D. J. Macgowan addressed the meeting by invitation on the state of medicine in China and Japan, and on the acclimatization of the cinchona trees.

Dr. C. C. Cox, from the Committee on Medical Education, made report, and submitted the following resolutions, which were adopted.

Resolved, That a thorough preliminary education in English, Latin, mathematics and physics, constitutes an essential prerequisite to the admission of a student of medicine into the office of a medical preceptor, or as a matriculant of a respectable medical college.

Resolved, That the advancement of medical education demands a more extended and symmetrical course of instruction in the colleges, and a more thorough and impartial examination for the degree of doctor of medicine than at present prevail.

Resolved, That Medical Jurisprudence and Hygeine are highly important branches of Medical Science, deserving the careful consideration of all medical teachers and schools.

Resolved, That societies for medical improvement—State, district, and county, are important auxiliaries to the advancement and promotion of science, and are therefore highly recommended by this body, as valuable levers in the cause of medical education.

Adjourned.

Thursday Morning, June 4.

The meeting convened at 9 o'clock.

Dr. H. G. Davis, of New York, presented a paper on the American Method of treating Diseases of the Joints, and Dr. A. Fisher one on the Use of the Sulphites of Lime and Soda in the treatment of Hospital Gangrene, Traumatic Erysipelas, Pyæmia, &c.

Dr. Homberger, on behalf of Dr. Elsberg, exhibited some instruments for the treatment of the diseases of the larynx.

Dr. Homberger presented a case of "retroversion of the iris and dislocation of the lens into the anterior chamber, with complete detachment of the retina."

Dr. L. M. Lawson, on behalf of a majority of the Committee, to which was referred the Surgeon General's Order No. 6, made a report, and recommended the passage of the following resolutions :—

Resolved, That from evidence within our possession, we can but entertain the conviction that the Surgeon-General of the United States army has been led into expressions, in order No. 6, which will convey errors respecting the abuse of calomel in the army, and we feel called upon to protect, so far as in our power, the reputation of the intelligent and self-sacrificing medical officers from the implied imputation of such general mal-practice.

Resolved, That while regarding spanæmic medicines, particularly calomel and tartar emetic, when freely administered to soldiers in the field, the camp, or the hospital, where unfavourable hygienic conditions so commonly cause depressed and asthenic conditions of the system, as being very often productive of injuries; yet, that these articles, when judiciously employed, are useful, is a proposition according with the general opinion of the profession; and, as abuse of an article is no just argument against its proper use, it is, in the judgment of this body, to be regretted that the object of correcting these abuses was not sought to be effected by an order of caution upon the subject, and by dismissing from the service those disregarding such caution; and not by the extraordinary, and, as we think, unjustifiable course of endeavouring to prevent, entirely, the use of the articles, though liable to abuse, as are all other powerful agents, yet which are well established in professional confidence as capable of useful application.

(Signed) L. M. Lawson,
Chairman.

A minority report was also presented. After much discussion the resolutions attached to the majority report were adopted.

The following standing committees were then, on nomination by the Committee on Nominations, appointed:—

Committee of Arrangements—Drs. James Andrews, M. Blakeman, T. M. Markoe, T. C. Finnell, Austin Flint, Jr., E. S. F. Arnold, J. H. Griscom.

Committee on Prize Essays—Drs. D. F. Condie, Pa.; E. Wallace, Pa.; Wilson Jewell, Pa.; E. R. Peaslee, N. Y.; Alfred Stillé, Pa.

Committee on Medical Education—Drs. J. C. Dalton, N. Y.; M. L. Linton, Mo.; John Frissell, Va.; Howard Townsend, N. Y.; W. H. Byford, Ill.

Committee on Medical Literature—Drs. L. M. Lawson, Ohio; E. L. McGugin, Iowa; William Mayburry, Pa.; H. Noble, Ill.; John Homans, Mass.

Committee on Publication—Drs. F. G. Smith, Chairman; Caspar Wister, Edward Hartshorne, Pa.; H. F. Askew, Del.; S. G. Hubbard, Conn.; H. A. Johnson, Ill.; Guido Furman, N. Y.

Committee on Insanity—Drs. Ralph Hills, Ohio; C. H. Nichols, D. C.; D. P. Bissell, N. Y.; S. W. Butler, Pa.; John S. Butler, Conn.

The amendments to the Constitution proposed last year were considered and rejected.

Votes of thanks to the officers of the Society and to the citizens of Chicago were adopted. The meeting then adjourned.

Thursday Afternoon.

The meeting assembled at 3 o'clock, the President in the chair. Dr. N. S. Davis, of Chicago, offered an amendment to the Constitution, providing for a permanent Secretary, which, under the rules, was laid over.

Dr. Arnold, of New York, offered a resolution in favour of provision being made by railroads for securing medical services in cases of accidents, which was adopted.

The Committee appointed to draft a memorial to Congress in favour of according higher rank and increase of pay to army surgeons, made a report, which was adopted, and ordered to be printed, and copies forwarded to members of Congress.

The Association then adjourned.

Pennsylvania State Medical Society.—The fourteenth session of this Society was held in the city of Philadelphia, at 11 o'clock A. M., June 10, 1863, at the Lecture Room of the University of Pennsylvania.

Delegates were present from the following County Societies; viz., Armstrong, Bradford, Berks, Beaver, Blair, Chester, Columbia, Delaware, Huntingdon, Indiana, Lebanon, Lancaster, Montgomery, Northampton, Perry, Philadelphia, Susquehanna, Schuylkill, and Westmoreland.

Accredited delegates were also present from the New Jersey and New York State Medical Societies, and from the Camden City Medical Society.

The entire number of delegates and members in attendance was eighty.

In consequence of the sickness of the President of the Society, Dr. George F. Horton, of Bradford County, the session was organized by Dr. T. Green, of Northampton County, first Vice President. Secretaries, J. H. Smaltz, of Philadelphia, and J. M. Stevenson, of Westmoreland.

The business of the session was opened with prayer by Rev. Dr. Krauth.

The delegates were very cordially welcomed to the city and proffered its hospitalities, by Dr. D. Francis Condie, on behalf and in the name of the Philadelphia delegation. He referred to the increased representation in attendance upon the present session as a subject of congratulation, though even a much larger delegation from the different sections of the State would have been desirable.

Dr. Condie also referred to the importance of medical organization, and the benefits which would accrue from it to the members of the profession.

At the close of his address, Dr. Condie read a communication from a relative of Dr. Horton, President of the Society, stating that he was confined to his bed by an attack of bilious remittent fever, and that his symptoms were, upon the whole, favourable at the date of writing.

It was announced that the sessions of the Society would be held at 4 o'clock P. M., to-day, 10 A. M. to-morrow, and 10 A. M. on Friday; omitting Thursday afternoon, which was to be devoted to a visit to the United States Military Hospital, at Chestnut Hill, under the charge of Dr. J. Hopkinson, S. U. S. A.

Invitations were received and accepted to visit the several public institutions and other places of interest in and about Philadelphia.

Dr. Green made a few remarks in reference to his position as presiding officer, a position which he had been so unexpectedly and at so short a notice called upon to assume.

Dr. Condie presented a resolution expressing the regret of the Society, at the illness of Dr. Horton, President, and requesting that gentleman, upon his restoration to health, to complete his annual address and forward it to the Chairman of the Committee of Publication, for insertion in the printed "Transactions" of the present session.

The resolution was unanimously adopted.

The following resolutions were offered by Dr. R. P. Thomas, and adopted by the Society:—

Resolved, That a committee consisting of one member from each county represented here (whether by a regular delegation or by gentlemen admitted as delegates from counties) be appointed to nominate officers and censors of the Society, and delegates to the American Medical Association for the ensuing year, the members of the committee to be selected by the respective delegations.

Resolved, That the Committee be requested to designate the place of the next meeting, and to nominate three representatives to attend the next session of each State Medical Society represented here.

Resolved, That the Surgeons and Assistant Surgeons of the Army and Navy now in this city, and regular practitioners from unrepresented counties in this State and from neighbouring States, be invited to seats on this floor, and to a participation in the deliberations of this Society during the present session.

The convention then took a recess, in order to allow of the appointment of said Committee.

The auditors appointed to audit the Treasurer's account reported it correct, as follows:—

Balance from previous account	$7 51
Receipts	209 00
	$216 51
Expenditures . . .	211 51
Balance	$5 00
Arrearages of dues to be paid by County Societies . .	$112 00
	$117 00

The report on the Meteorology and Epidemics of Bradford County was presented by Dr. E. P. Allen, and after an abstract of it was read, it was referred to the Committee of Publication.

The Sanitory Report from Beaver County was presented by Dr. A. P. Dutcher, and after an abstract of it was read, it was referred to the Committee of Publication.

The report on the Meteorology and Epidemics of Westmoreland County was presented and read by Dr. J. E. McGirr, and referred to the Committee of Publication.

A list of the officers and members of the Delaware County Medical Society was presented and referred to the Committee of Publication.

Reports on the Sanitary Condition of Berks and Chester Counties were also presented, abstracts of them read, and the reports referred to the Committee of Publication.

The unfinished business of the last session being reported by a committee appointed for that purpose, was taken up, as follows:—

1st. Report from the Committee on Providing for the Use of the Physicians of the State a permanent supply of genuine Vaccine matter.

On behalf of the Committee, Dr. Condie remarked that, as Chairman of the Committee, he had distributed a considerable quantity of vaccine matter to practitioners throughout the State, and to the surgeons of the army. The demands upon him for matter were less, however, than in former years. The Committee believed that the hints that have been given by it in relation to the proper plan to be pursued by physicians to keep up their supply of effective virus throughout the year, have, to a very considerable extent, prevented that scarcity of reliable matter which was experienced in former years. The Committee were of opinion that the object had in view by the Society in its appointment had been as fully accomplished as the means at its disposal would permit, and therefore begged to be discharged. This request was on motion complied with by the Society.

2d. Report from the Committee on Meteorology.

Dr. Kennedy, on behalf of this Committee, stated that a diagram had been prepared showing by a system of lines the maximum and minimum of temperature, of the rise and fall of the barometer, of the variations in the dew point, and of the fall of rain, etc. for Philadelphia, in reference to the mortality of the leading endemic diseases. On motion, the Committee was directed to present to the Society the said diagram, and was continued.

3d. Report on Criminal Abortion.

Dr. Bell, Chairman of the Committee, asked for the discharge of the Committee, which was accordingly done.

4th. Report on Physical Education.

Dr. Bell, Chairman of the Committee, reported progress, and the Committee was continued.

5th. Report from Committee on Daily Medical Gazette.

Dr. Darrach, on behalf of the Committee, reported progress and asked to be continued, which was done.

Dr. Mayburry, on behalf of the Committee to take measures for effecting an organization of the profession in certain counties in which no organization existed, reported their labours. The Committees on the subject were, on motion, continued.

Dr. Condie, on behalf of the Commissioners from this Society to the New Jersey State Medical Society, presented a report, in which notice was taken of the very kind manner in which they were received by the New Jersey Society.

Dr. Jewell, by request, gave an account, in general terms, of the proceedings of the session of the American Medical Association at its session of the present year, held in Chicago, Ill.

The proceedings of the session, contrary to expectation, were, he said, very harmonious. He regretted that Pennsylvania was less numerously represented than most of the other States from which delegates were present. The entire number of delegates was one hundred and seventy-nine.

Dr. H. Hartshorne offered a resolution for the appointment of a committee of six members to prepare a suitable bill to present to the next Legislature providing for the legalization of dissections under proper restrictions.

A bill for this purpose was defeated last year, it is believed, on technicalities only. The object of the proposed law is that the bodies of persons having no friends to claim them, criminals, etc., shall be devoted to scientific purposes, and the benefit of humanity.

The resolution was adopted.

Drs. Gross, Jewell, Nebinger, Condie, Bache, and McGirr were appointed the committee.

The entire Society was appointed a committee of co-operation.

Dr. Condie offered a resolution providing that the laws of the Society be so amended that a permanent secretary shall be elected every five years, in addition to those now provided for. His duties are to take charge of the minute books and other documents and property of the Society, which he shall keep during the intervals of the sessions, and to comply with any subsequent resolution or enactment of the Society in respect to his office.

The resolution was unanimously adopted, and became in consequence a law of the Society.

The above is an abstract of the proceedings of the morning and afternoon sessions of Wednesday; the Society taking a recess from two until four o'clock P. M.

June 11th. The Society reassembled at 10 o'clock A. M.

The sanitary report of Perry County was presented, and an abstract of it read, when it was referred to the Committee of Publication.

The report on the Meteorology and Epidemics of Montgomery County was presented by Dr. Corson, who read an abstract of it, when the report was referred to the Committee of Publication.

The report on Meteorology and Epidemics of Philadelphia County was presented by Dr. J. M. Corse. An abstract of the report being read, it was referred to the Committee of Publication.

Sanitary reports were also presented from Susquehanna and Northampton Counties, read by abstract, and referred to the Committee of Publication.

A resolution was adopted expressive of the high estimate entertained by the Society of the character and standing of the late Dr. W. Darlington, of West Chester, as a man, a citizen, and a physician, and the regret felt for the loss which the country and the profession have experienced in his death.

The following resolution was then unanimously adopted:—

Resolved, While this Society is organized for scientific purposes, for the elevation and the purity of the medical profession, it is no part of the organization as such to interfere with State or National politics, at the same time we are fully prepared, and determined, individually and collectively, to maintain the Union of the United States against the accursed rebellion now waging destruction to the Government formed by the wisdom, and cemented by the blood of our Revolutionary ancestors.

The following gentlemen were elected officers for the ensuing year:—

President.—Wilson Jewell.

Vice-Presidents.—J. D. Ross, M. Manuel, Chas. Shoemaker, W. Worthington.

Corresponding Secretary.—A. Nebinger.

Permanent Secretary.—W. B. Atkinson.

Recording Secretaries.—J. M. Stevenson, W. Sargent.

Treasurer.—Wm. Mayburry.

Dr. Jewell, President elect, was then conducted to the chair; on taking which he expressed his gratification at having so high an honour conferred on him. He would look to the Association for the same indulgence towards his short-comings as had been shown to those who had preceded him in the office.

After the usual votes of thanks were passed, the Society adjourned to meet in Philadelphia on the second Wednesday in June, 1864.

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Medical Department of the University of Maryland.—At the annual commencement, held on the 7th of March last, the degree of M. D. was conferred on 37 candidates.

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Bumstead on Venereal Diseases.—We are pleased to learn that this admirable work is duly appreciated abroad; Dr. Tamburini, of l'Ospitale Magiore of Milan, has translated it into Italian, and announces it as nearly ready for publication.

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United States Pharmacopœia.—This anxiously looked for work is now, we learn, actually printed off, and will be published in a few days. Every pharmaceutist should hasten to secure a copy, and conform in his preparations to the formula therein given.

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Obituary Record.—We are pained to have to record the death, on the 3d June, of Dr. John Watson, of New York. Dr. W. was a skilful and judicious surgeon, an erudite scholar, and an honourable, high-minded gentleman. He was one of the active founders, and most zealous supporters of our great National Association. In the death of Dr. Watson, the profession and the public, no less than his friends, have sustained a great loss.

FOREIGN INTELLIGENCE.

Ventilation of Armour-clad Ships.—The *Royal Oak* would appear to be destined to play as important a part in the sanitary history of the Royal Navy as the *Warrior* in the fighting. As the custom is among naval architects, while every care had been given to the offensive and defensive powers of our armour-clad frigates, little heed had been bestowed upon their capabilities as dwelling-places for a crew. True these ships would carry a smaller number of men than it was usual to assign for vessels of their tonnage, and each sailor, as a consequence, would luxuriate in a larger cubic space between decks, than he would have possessed in a wooden ship-of-war. But it had been omitted to estimate the probable influence of iron-plated walls in acquiring and retaining heat, as well as the effects upon a confined atmosphere of outlets and inlets which had been reduced to the lowest degree, not only in number, but also in capacity, consistent with the working of the vessel. It was quickly found that the crews of armour-clad ships were exposed, in hot weather, to the risk of being suffocated (after the fashion of doughty knights of old), as well as to many less conspicuous, but not less serious, evils arising from the vitiated atmosphere of the between-decks. To obviate these evils, a system of ventilation was suggested by Captain Fanshawe, the superintendent of Chatham Dockyard, and it was carried out in the *Royal Oak* while that vessel was still on the stocks. We long ago urged that, until the hygienic conditions of ships-of-war entered into the consideration of naval architects as fully as the sailing and fighting qualifications, there would be little hope of the removal of those sanitary drawbacks which affect the crews. The results of the system of ventilation adopted in the *Royal Oak* would seem to confirm this view. The success is stated to be so great that the Admiralty has decided to ventilate all the ships of the armour-clad fleet on the same plan.—*Lancet*, May 23, 1863.

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Ozone as a Disinfectant.—Dr. Delabrousse recommends the manufacture of ozone in the wards of hospitals, for the purpose of their disinfection. What we want is, he says, a proper supply of ozone—that is, of a body which is capable of decomposing, and so of neutralizing, the miasms constantly arising in hospital wards, and which at the same time is not hurtful to the patients. And thus, he tells us, the problem is solved. Ozone is such a body, and may be thus used. A spiral platinum wire is placed beneath an inverted funnel, and is rendered incandescent by means of Bunsen's pile. Hereupon the characteristic smell of ozone is perceived in the heated air circulating above the funnel; and its presence is shown by the test-paper. Thus may we obtain a ready and practical supply of ozone, and so insure the disinfecting of our hospital wards.—*British Med. Journ.*, April 12, 1863.

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Carbonic Acid as an Anæsthetic.—M. Ozanan has given a mixture of three parts of carbonic acid with one part of atmospheric air with success, as an anæsthetic. After breathing it for ten minutes the patient became insensible, and an operation was performed without any sign of pain being evinced.

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Death from Chloroform.—Mr. F. W. Skey, M. R. C. S., the eldest son of the eminent London surgeon, has been an unfortunate victim to chloroform. The deceased had long suffered from a severe neuralgic disease, to obtain relief from which he frequently had recourse to chloroform, but with only temporary benefit. More than once he carried the anæsthesia to such an extent as to cause considerable alarm, especially on one occasion, when, acting as house surgeon to St. Bartholomew's Hospital, he remained so long under the influence of this subtle agent, as to necessitate recourse to galvanism and to artificial respiration. On recovery he assured his anxious and deeply afflicted parents that it was the last time he would use it without advice. The promise he religiously kept until Friday last, when an unusually severe paroxysm came on, and having to meet his father and several friends at dinner, he again had recourse to his old, but on this occasion fatal, remedy. How long he had succumbed to the active agent is not precisely known, but he was found in his chamber, kneeling at a chair with a handkerchief to his face, which had contained the chloroform. He immediately received every attention, but too late: the vital spark could not be recalled. The deceased, who was only thirty-one, had attained to considerable excellence in music, poetry, and painting.—*Lancet*, June 6, 1863.

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Influence of the Microscopic Beings.—"If," says M. Pasteur, "microscopic beings were to disappear from the earth, its surface would be soon encumbered with dead organic matter of every kind, animal and vegetable. These microscopic beings are the chief agents through which oxygen receives its properties of combustion. Without them, life would be impossible, because the work of death would be imperfect. After death, life appears in a new form, and gifted with new properties. The germs of microscopic beings are everywhere present; commence their evolutions; and by their aid, and the curious power they possess (and which M. Pasteur points out in his paper), oxygen fixes in enormous quantities on the organic substances which are pervaded by these beings, and gradually operates their complete combustion." This is the power which, according to M. Pasteur, the organic cells possess; viz., transporting the oxygen from the air into all organic matters, and of so effecting their complete combustion with development of much heat. And, he adds, we have here a faithful image of respiration, and of the combustion which is its consequence, in the action of the organic globules, which the blood incessantly carries into the pulmonary cells, where they are brought to take up the oxygen of the air, and whence they convey it into all parts of the body, in order to burn up there the different principles of the body. What these corpuscles effect, is likewise effected in fermenting fluids by the mycodermic cells present in them.—*Ibid.*

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Extraordinary Abstinence from Food.—On the 10th of April, a young woman, aged twenty-seven, named Martha Batten, was committed to Reading gaol, from Newbury, Berks, on a charge of vagrancy. She refused all food for eighteen days, when, on preparations being made by the physician of the gaol, Dr. Woodhouse, and the surgeon, Mr. F. A. Bulley, for forcing some gruel down her throat, she reluctantly consented to take a little. She appeared to suffer little inconvenience from the long fast. Two years since she was imprisoned in the same gaol, and passed seventeen days without food.—*Lancet*, May 9, 1863.

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Effects of Syrups on Linen.—Dr. Dore sent in a paper to the French Academy of Science on the effects of syrup dropped on linen. All syrups, and those of sugar especially, when dropped upon cotton or linen stuffs, and exposed to a moderate temperature, deprive these stuffs of their flexibility and tenacity, and the threads break very easily under their influence. At first sight, the rent has the appearance of having been produced by some corrosive substance, weak sulphuric acid, for instance. A similar effect is produced when wet linen is exposed to a certain degree of cold; the linen becomes brittle. Dr. Dore observes that it is highly important to notice such facts, because they might sometimes, in ignorant minds, generate suspicions injurious to the reputation of a chemist, or of a physician, or else furnish ill-disposed persons with a weapon against those who attend the sick.—*Dublin Med. Press*, March 4, 1863.

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Sale of Diseased Meat as Human Food.—Notwithstanding all that has been written, said, and enacted to prevent the baneful and disgusting practice of vending for human food meat in a horribly diseased state, there is only too much reason to know that it is carried on to an excessive and dangerous extent, even in the city of London, where the inspection is in this respect, we believe, more vigilant and complete than in any other city of the kingdom. We invite particular attention to an extract from a recent report by Dr. Letheby, which puts the matter in a clear light. Speaking of the sanitary action of one week only, he says:—"The markets and slaughter-houses have been duly inspected, and the officers have seized 4525 lbs. of meat and 73 head of game and poultry as unfit for human food. It consisted of 16 sheep, 10 pigs, 32 quarters of beef, and about fifty joints of meat. Three-fourths of it was diseased animals; and I recommend that in five cases the matter be submitted to the solicitor for further investigation. The inspectors inform me that much of the diseased meat of Newgate-market finds its way to the sausage-makers of Cow-cross. Last week the inspectors seized the carcases of a diseased sheep and pig, which were being carried to a sausage-maker in that locality. The sheep had died from rot; and the pig was covered with small abscesses, like boils, many of which had burst through the skin, and the rest were still full of matter. Both of these animals were in a shockingly diseased state, and but for the interference of the inspectors would have been converted into sausages. I have also to state that the slaughter-houses of Cow-cross, which are just outside the city, are a source of great anxiety to the inspectors, from the circumstance that diseased animals are frequently slaughtered there, and brought into the city markets. Last week there were two such instances. Two diseased bullocks had been killed in the slaughter-house of a Mr. Crosse, and then carried to Newgate-market, where they were seized by the inspectors. In like manner, at Whitechapel it is a common practice with some of the butchers, who are outside the city boundaries, to traffic in diseased meat; and the city butchers and salesmen complain that they have not the same chance for the disposal of inferior meat which their neighbors have, and that the rigorous supervision of the city is unjust to them. Only last week the carcases of several bullocks, about a dozen or so, that had died on ship board, were sold in Whitechapel. Meat of this description is disposed of to the poor at night, when it passes for wholesome meat, and it realizes from a penny to five farthings a pound." Now it must not, we think, be supposed because similar returns do not appear from other cities, that this infamous traffic does not exist there, but rather that it is carried on unchecked and unexposed by vigilant inspection. In the presence of this continued outrage upon health and decency, we trust that the magistrates will persist in sternly punishing to the full extent which the law authorizes the persons who are engaged in it.—*Lancet*, Dec. 15, 1862.

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Antiquity of Man.—A crowded meeting of the Ethnological Society took place on the 14th of April last, the attraction being a paper "On the Antiquity of Man," by Mr. J. Crawfurd, the President. The author objected to the recent work of Sir Charles Lyell, in respect to certain branches of the subject on which he had bestowed special attention. He stated at once his own conviction that the presence of man on the earth had an antiquity far beyond the usual estimate, and that there was no question as to his having been the contemporary of the fossil elephants, lions, and rhinoceroses. He opposed Sir C. Lyell on the points of the unity of the human race and the Aryan theory of language, and the origin by transmutation of man from the apes. On the first point Mr. Crawfurd concludes that there is no shadow of evidence for the unity of the human races, and none for any having undergone any appreciable change of form. If 1000, or 4000, or 10,000, or 100,000 years, supposing the last to be the age of the skeletons of the Belgian race contemporary with the Mammoth, have yielded no differences from the present European type, it is, he believes, reasonable to consider that multiplying any of these sums by a million of years would yield nothing but the same cipher. On the second point, he said that Sir Charles's object, following the philosophers of Germany, would seem to be to reduce all languages to a small number of primordial ones, in the same manner as the authors of the theory of transmutations of species would reduce all the species to a few monads. If there were any truth in the Aryan theory thus advocated, it would, Mr. Crawfurd says, of necessity follow that there would be no language at all in Western Asia or Europe, ancient or modern, and that Sanskrit, Greek, Latin, with all the modern languages, would be reduced to the rank of mere dialects, or subdivisions of one primordial tongue—the airy and fabulous Aryan, the mere creature of Teutonic imagination. On the third point, Mr. Crawfurd confessedly took only a popular view. He considered that man was marked by a superiority of intellect, by having the power of speech and the capability of framing languages, and that although monkeys have an outward and even a structural resemblance to man beyond all other animals, it was nothing more than a mere resemblance, and that why nature has bestowed upon them this similarity was a mystery beyond our understanding. In the animated discussion which followed, Sir Charles Lyell, Sir Roderick Murchison, Professor Busk, Mr. James Wyatt, of Bedford, Dr. Collier, Professor MacDonald, and Mr. Mackie took part. It was stated by Sir Charles Lyell that, by a letter he had received this day, he had heard that M. B. de Perthes had found a human jaw in the flint-bearing beds of Abbeville; but, on the other hand, it was said that Mr. Prestwich had seen the specimen, and was not convinced of its genuineness. Nothing certain seemed to be known about this relic.

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Professional Remuneration.—There is a very sensible editorial article on this subject in the *Medical Times and Gaz.* (March 7, 1863), from which we make the following extracts:—

"It has been truly said that the root of the distinction between profession and trade is the all-important fact that the professional man is occupied with the interests of others relating to mind, body or estate—according as his vocation is divinity, medicine, or law—while the mere tradesman works with his attention directed to his own benefit alone. Independently of this vital distinction, the remuneration of the learned professions must ever stand upon a perfectly different footing from the gain derived from purely commercial pursuits. The payment to be made to a tradesman is a very simple matter. It is to be measured by the value of the goods supplied, or trouble incurred in the particular case under consideration. But the professional man must receive a threefold remuneration. He must be compensated, first, for the enormous amount of time, capital, and exertion which he has expended in qualifying himself for his calling; secondly, for the labour and attention requisite for making himself master of the facts of the case under his care; and, thirdly, for conscientiously applying to that case the knowledge derived from his professional education and experience. It is from attempting to extend to the professions the principles applicable only to trade that the present unsatisfactory state of the law as to professional remuneration proceeds.

The Medical and Legal professions are each divided into two classes, one class in each profession being supposed to enjoy some undefined superiority over the other. The remuneration of the superior class in each profession is, or was till lately, of a purely honorary character. The so-called inferior classes, however,—the General Practitioners and Attorneys—have always been entitled to recover their charges in a court of law. But supposing a General Practitioner and an Attorney to have brought each an action, and to have succeeded in establishing a right to *some* compensation for their services, the amount of such compensation is usually assessed in different ways. In the case of an Attorney, it generally has been already ascertained by one of the Masters of the Court—gentlemen thoroughly acquainted with the remuneration to which the plaintiff is justly entitled, and whose decision, as a rule, is satisfactory to all parties. In the case of the Medical plaintiff, the damages are assessed by the jury. Here the Medical profession stands at an enormous disadvantage. Were it left to common juries to tax the costs of Attorneys, it would, indeed, go hard with that body. The prejudice which exists against them among ignorant people, combined with the sympathy in the minds of the jury with any one called upon to pay a lawyer's bill, would reduce the damages to the lowest figure. But, unfortunately, the dislike to pay a doctor's bill, as soon as the necessity for his assistance has, thanks to him, passed away, is no less intense than in the case of a lawyer's costs. The sympathies of the jury are entirely with the defendant, and in the verdict in the recent action of "Breary *v.* Green" we have a fair sample of the usual result.

In this case the learned and witty Baron Bramwell, not without a few facetious observations, told the jury that, if they believed the plaintiff's statement, he was entitled to recover; but kindly added that it was quite competent to them (the jury) to state what sum they thought he ought to receive. After mature deliberation, they came to the conclusion that £201 15s. 1d. was the pecuniary equivalent to the plaintiff's professional services, extending over some three or four years, during which the defendant suffered from a tumour pressing on the urinary canal, and during which the plaintiff supplied (*inter alia*) 2677 draughts and mixtures, had made 778 visits, and performed certain operations.

The fact is, that common juries are unfit tribunals to decide on the remuneration of professional men.

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Female Physicians.—The *Progressive Annual* for 1863, a Transatlantic publication "comprising an Almanac, a Spiritual Register, and a general Calendar of Reform," contains a list of two hundred and fifty-six "regularly graduated and diplomatized" practising women-physicians in the United States. It is not pretended that this list exhausts the number of female practitioners in medicine across the Atlantic, but it professes to be the most complete ever published. From it we learn, not only the names and residences, but also the system of practice adopted by many of our fair professional brethren. Thus, sixty-seven are styled hydropathic or hygienic practitioners, forty-eight allopathic, forty-three rational, eleven eclectic, eleven homœopathic, and two allopathic and hydropathic or hygienic. The "allopathic" practitioners in the list represent, it is to be presumed, medicine as it is ordinarily taught and practised in a civilized community. If this be the case, it is noteworthy how small a proportion the allopaths bear (little more than a fourth) to those who adopt less legitimate, nay charlatanic, methods of treatment. In connection with this fact it is not a little curious that the "Spiritual Register," in which this list of practising women-physicians is found—a register of "writers, speakers, and workers in the different fields of Human Progress"—includes also lists of "Magnetic Operators, Clairvoyants, and Medical Mediums," "Social Agitators," "Women's Rights Reformers," and "Practical Dress Reformers." The list of Magnetic Operators and their congeners is designed, we are told, "to include the most successful, though undiplomatized, class of practitioners, who, as clairvoyants or mediums for examining and prescribing, or as manipulators and magnetizers for healing, are establishing their claim for recognition as valuable labourers in the work of physical progress." The Practical Dress Reformers, of whom the list is said to be far from complete, are ladies who have adopted and habitually wear the "American Costume," or "Short-skirt Reform Dress."

The conjunction of women-physicians with spirit-wrappers, magnetic operators, and women's right reformers, is ominous. It is manifest that the "Progressionists," otherwise "Spiritualists," of America, regard the recent efforts to promote the study of physic among women as a phase of that extraordinary movement which originated in "table-moving" and "spirit-rapping," and which eventuated in a "party," Progressionists, to wit, who, as the editor of the *Annual* (A. J. Davis, the notorious Poughkeepsie seer) informs us, "will acknowledge no central mind, no control external to spirit, no outward authority, no allegiance to religious observances, no reverence for past religions, no vicarious atonement for personal sins, no fear of existing statutes, no sympathy with institutions that claim to be superior to the immortal mind of man." There is certainly a most suspicious parallelism between the political and social teachings of the ultra woman's right reformers and the transcendental speculations of the Progressionists; and the prodigious proportion which charlatanry bears to legitimate physic, in the list of women-physicians, almost justifies the assumption that the bulk of the latter belong to the "Progressive" school. But, be this as it may, it is well to bear in mind that the female-physician movement in this country is of Transatlantic origin.—*Lancet*, May 30, 1863.

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Lithotomy in Russia.—Dr. EBERMANN stated, at a recent meeting of the St. Petersburg Medical Society, that, according to the reports of the Russian civil hospitals for 1856-9, there had been 231 cases of lithotomy, of which 194 terminated in recovery, and 37 in death. During the same period there had been only five cases of lithotrity, all of which were successful. This marked disproportion of the cases in which lithotomy and lithotrity were employed is striking, and suggests the question whether lithotrity might not have been advantageously resorted to in some of the cases in which the more formidable and dangerous operation was employed.—*Lancet*, June 6, 1863.

Imperial Academical Prizes.—On the 9th inst., the French Academy of Medicine held its grand annual meeting, whereat M. Béclard read the report of the prizes distributed for the year 1862; and M. Dubois, "le Secrétaire perpetuel," delivered an eloge on the illustrious Thénard. The annual history of this prize-list is interesting and instructive. The fact of the difficulty—we may rather say the impossibility—of satisfactorily adjudging the prizes, is very suggestive. It shows clearly enough that men cannot be always got to do effective work for the sake of a prize. A man of genius and of original enterprise will not be hampered and tied to the subjects of a prize-list. He selects his own field of labour and investigation. That such is the case, we have the proof year after year afforded by the facts before us. The imperial prizes ready for distribution cannot find candidates worthy of receiving them. The conclusion to be drawn from this seems obvious: it is, that prizes should be given to the works of highest merit, whatever the subjects of them may be. It is evidently useless to attempt to treat men of science like schoolboys, and to expect that the bribe of a prize will induce them to turn their hearts and minds to any particular subject which may seem most fitting in the eyes of the giver of the prize. —*British Med. Journ.*, Dec. 20, 1862.

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Lunatic Asylum at Paris.—The farm of St. Anne, near Paris, is to be converted into a lunatic asylum to accommodate 600 patients.

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Winter of 1862–63 *in Great Britain.*—The past winter is said to have been one of the warmest in England on record; and its sickliness was as remarkable as its mildness. "People," says the Registrar-General, "died in the quarter at the rate of 20,000 in a year, whose lives would have been saved if epidemics or atmospheric causes of a nature unfavourable to health had not been in greater force than usual."

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Smallpox.—This disease is prevailing to a very unusual extent in London. Mr. J. F. Marson, the resident surgeon of the London Smallpox Hospital, states (*Lancet*, May 2, 1863) that an hospital which has accommodations for 100 patients, has been constantly full of patients for the last six months.

"Upwards of 500 patients have been already admitted this year, and several applicants for admission were refused for want of room. The mortality has been seventeen per cent., being four or five per cent. above the general mortality of late years. The vaccinated patients have formed a numerous class, and several have died of smallpox who had in early life been vaccinated, or, as Mr. Marson remarks, badly vaccinated, but still vaccinated in a manner a very large proportion of the inhabitants of the country unfortunately are.

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Infanticide in England.—From returns presented to Parliament, it appears that during eighteen months, ending June, 1862, verdicts of "Wilful Murder," "Found Dead," in ditches, ponds, &c., were returned—in London 297 children, and in England and Wales, 625, total 921 children under two years of age, all of whom were most probably murdered.—*Lancet*, May 30, 1863.

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Rejection of Recruits.—About 350 per 1000 of those who present themselves for medical examination, as recruits in the British Army, are rejected on account of physical disability.

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Births in England and Wales in 1862.—These amounted to 711,601, or an average of 1,950 per day. This is the largest number ever before recorded.

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British Pharmacopœia.—It is announced that this long expected work will be published at the latest by October next. It is said to be now all in type.

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Revenue obtained by the British Government from Opium.—Sir Charles Trevelyan, in his Indian budget, estimates that the duty on the opium crop of 1862–3 will produce a revenue of no less than *forty million four hundred and fifty thousand dollars* ($40,450,000).—*Lancet*, June 3, 1863.

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McGill College, Canada.—The number of medical students during the session of 1862-3, was 174, and at the commencement on the 5th of May, the degree of M. D. was conferred on 31 candidates.

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Prison Life.—The history of prison discipline in England has yet to be written. We know of few subjects which, in skilful hands, would make a better theme for a

Medico-historical essay. Even if the comparatively short period be taken which commences with the appearance of Howard's great work, and ends with the Earl of Carnarvon's address at Winchester, on Monday last, we should find abundance of matter to fill a volume of surpassing interest. The sentiments and measures of men collectively, and often, too, of men individually, seem to obey a property analogous to elasticity. The further a force or impulse carries them in one direction, the greater will be the rebound in the other. We all remember Lord Macaulay's celebrated apothegm, in which he sums up the history of the saintly *régime* of the Commonwealth, and the license of the succeeding period. Amongst individuals, many a good Tory, like Southey, begins life with a devout faith in liberty, equality, and fraternity; and, on the other hand, a Robespierre first courts public favour as the author of a treatise advocating the abolition of capital punishment. The history of medicine is full of parallel antagonisms, which have succeeded each other as though necessitated by law. As remarkable a revulsion of opinion and action has taken place in this country on the subject of the treatment of criminals. Sixty years ago prisons in England were the blackest stain on our civilization. Thanks mainly to the efforts of Howard and Lettsom, that blot was wiped out. But now they are comfortable abodes, to which persons, unfortunate enough to offend the laws, retire for a short time at the expense of society, expiate their crimes by sleeping ten hours per diem, working two; reading travels, novels, and, if they choose, light religious books; taking moderate exercise in the open air, conversing with each other, and breakfasting, dining, and supping in a way which would be envied by a Devonshire or Dorsetshire peasant, who supports himself and family on ten or twelve shillings a week. The result everybody knows. Public opinion is setting strongly against the regimen of the philanthropists and doctrinaires. It is not impossible that the necessary rebound may even carry us again too far in the opposite direction. However, the present state of things in our gaols is as absurd as it is pernicious, and incompatible, not only with the punishment or reformation of the prisoner, but with the safety of other people. —*Lancet*, Jan. 10, 1863.

Homœopathic Therapeutics.—In chronic catarrh of the bladder, Dr. Hastings effected a cure by pareira brava; Dr. Pope by belladonna; and Dr. Henderson by mercurius. Acute articular rheumatism is one of the most easily recognized diseases, and, as compared with others, one of the most uniform in its course. Here, if anywhere, one would expect a uniformity of treatment. In vain; Dr. Henderson cures his cases with bryonia, aconite, and belladonna. Dr. Henriques employs bryonia only once, and belladonna and aconite not at all. His remedies are sulphur, china, arnica, rhus, and antimony. Dr. Black, in addition to most of the above, gives pulsatilla, spigelia, arsenic, mercury, lachesis, colchicum, and nux. Lastly, Drs. Wurmb and Caspar, in forty-seven cases, resorted to aconite, bryonia, pulsatilla, mezereon, colocynth, rhododendron, ledum, ruta, colchicum, staphysagria, china, mang. caust., sulphur, mercurius, spigelia, euphrasia, lachesis. And the cheering result of their abundant experience is, that "nothing has been achieved up to the present time for the treatment of rheumatism!"—*Dr. Roberts.*

A Hemorrhagic Family.—The coroner of Ratcliff, on an inquest on the body of a lad who died of hemorrhage from a wound on the head, caused by a shell falling on him from the mantel piece, stated that the mother has lost five children in this way, two of whom died in the London Hospital from a scratch in the hand. If they bleed but the smallest quantity, they die. Dr. Arnold states that this is the consequence of a hemorrhagic diathesis.—*Registered Reports.*

Obituary Record.—The celebrated Professor of Clinical Medicine at the Faculty of Medicine in Madrid, M. Drumen, has died suddenly. He was President of the Royal Academy of Medicine and physician to Queen Isabella. He was remarkable for his high sense of professional dignity and honour as well as for his learning. On the occasion of the introduction of homœopaths at the court, he protested, and gave in his resignation, which was not, however, accepted. It is by such acts, says his chronicler, that medical men honour themselves and preserve the esteem of their clients.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Rheumatism.—Delivered at St. George's Hospital. By Henry Wm. Fuller, M. D., Physician to the Hospital. (Continued from page 51.)

Another class of cases which abound in our wards, and always pass under the name of rheumatism, are those characterized by circumscribed pain and swelling of the periosteum. The patients are always cachectic, and are commonly persons who have suffered from syphilis, or have had their systems saturated by mercury. The periosteal swelling makes its appearance in those parts especially where the bony framework is thinly covered by integument; and thus nodes, as they are termed, are often found on the tibia, the ulna, the cranium, the clavicle, and the sternum. At the commencement of the disease the affected part becomes swollen, puffy, and tender on pressure; but after a time the puffiness subsides, and firm, irregular, painful elevations or projections remain, which are exquisitely tender to the touch. So prominent are they in some instances that the eye alone suffices to detect them, and even when this is not the case they may be easily discovered by running the fingers along the bone. They vary in size, as in prominence, roughness of surface, and tenderness; but they are usually of an inch or an inch and a half in length, sufficiently tender to be a constant source of pain and annoyance, and prominent enough and rough enough to be detected on the most cursory examination by those who really search for them.

An excellent example of this form of disease has been under your observation in the person of M. W——, aged forty, who was admitted into the Fuller ward on January 11th, 1862. This man had been suffering from pains in the limbs for above eighteen months, and although he positively denied having had syphilis for nearly seven years, his pains were manifestly connected with a venereal taint. He had had sore throat and purulent discharge from the

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nostrils; and a large, firm, and tender node existed on the right tibia. His complexion was sallow, his tongue was clean, his bowels were regular, and his urine was acid and clear. He had not had a good night's rest for many weeks in consequence of the pain. I gave him the ordinary diet of the hospital, with a pint of porter; and prescribed the following medicines: ten grains of iodide of potassium, and ten drachms of cinchona draught, three times a day. At the same time I kept applied to the painful spot a rag dipped in a lotion composed of five grains of bichloride of mercury, six drachms of compound tincture of iodine, two ounces and a half of glycerine, and five ounces of distilled water. Within ten days the pains were much relieved and the periosteal swelling was subsiding. On the 31st, being quite free from pain, he was permitted to leave the hospital.

Another instance of the same form of disease was admitted at the same time into the Queen's ward, in the person of M. A. P——, a married woman, aged twenty-five. She had contracted the malady in America, and for two years had suffered severely from pains in the limbs, which medical treatment had hitherto failed to relieve. Since she was first attacked she had twice had inflammation of the eyes, and had lost the sight of the right eye, and she had also become deaf—effects which she attributed to the "rheumatism." As a child she had scarlatina, and the year before last the lower extremities were anasarcous for a period of three months. On admission to the hospital, she was cachectic in appearance, her complexion was pale, her skin cool, and tongue clean; the bowels were regular; the urine was pale, acid, albuminous, specific gravity 1006. The catamenia had been absent four months, but she was not pregnant. Large tender nodes existed on the scalp and forehead, there was considerable effusion into the capsule of the right knee, and there was opacity of the right cornea over the pupil. The heart's action was regular, and its sounds were clear. I gave her the ordinary diet of the hospital, with a pint of porter; and prescribed the following medicine—namely, ten grains iodide of potassium, two drachms of solution of bichloride of mercury, and ten drachms of cinchona draught, every six hours. On the 17th slight ptyalism was coming on, and therefore the solution of the bichloride of mercury was omitted; the other remedies were continued, and, as she was restless at night, ten grains of Dover's powder were given at bedtime; five ounces of gin were also ordered. Gradually the pains subsided, the nodes disappeared, and she left the hospital quite free from suffering on the 9th of February, or at the expiration of four weeks from the date of her admission.

Now these two cases are fair examples of this form of disease, of the consequences to which it gives rise, and of the treatment calculated to get rid of it. Wandering pains in the limbs, occasional effusion into the capsules of the joints, inflammation of the eyes, inflammation of the periosteum—leading, if neglected, to disease of the bone beneath—are some of its ordinary effects; whilst deafness, headache, and convulsions resulting from the pressure of nodes formed on the internal table of the skull, are some of its less frequent complications. Its characters, when fully developed, are so strongly marked that you can scarcely fail to recognize them; and when once recognized, the treatment is exceedingly simple. The patient is cachectic, and therefore must be supported; whilst bark, iodide of potassium, and, if necessary, a little biniodide of mercury, are given, to rid the patient of his malady. Perhaps there is no form of disease in which relief is obtained more speedily or more certainly, if due care is taken to sustain the patient's strength during the administration of the remedies. But if the character of the disease be overlooked, so that proper medicines are not prescribed, or if the patient be not properly supported, no form of malady is more intractable. Baths of all kinds, alkalies, colchicum, guaiacum, sulphur, and other so-called anti-rheumatic remedies, are absolutely useless. The pains not only continue unrelieved, but gradually progress from bad to worse, until structural disease of the bone has been set up, and the mischief is probably irremediable. In both the cases which I have brought before you treatment had been had recourse to, at longer or shorter intervals, for a period of eighteen months, and the patients were worse at the expiration of that time than they were at the commencement of the attack; and yet within one month from the first adoption of appropriate treatment they were perfectly free from pain.

In both these cases, and in many others which you have noted under my charge, I have made use of the biniodide of mercury. In the first it was employed as an external application; in the second, as a remedy administered internally. But I would have you remark, that in neither instance did I prescribe the biniodide as such, but formed it extemporaneously by the addition of iodide of potassium to the bichloride of mercury. My object in so doing was to obtain the remedy in a soluble, and therefore in an active form. Biniodide of mercury, as you are doubtless aware, is a scarlet powder, insoluble in water, and, like all other insoluble matters when taken into the stomach, is uncertain in its action. Much larger quantities of it must be administered than would be needed if we could make sure of its being absorbed; and whilst in some instances we fail to obtain the desired results, in others profuse salivation is induced in consequence of a large proportion of the remedy having found its way into the system. But biniodide of mercury is rendered perfectly soluble in water by an excess of iodide of potassium; and thus, whether employed externally or internally, the certainty and energy of its action are much increased; smaller doses will fulfil the object we have in view, much greater reliance can be placed upon its action, and its operation can be regulated with the greatest nicety. The contrast between its effects in the two forms is so striking and so manifestly in favour of its solution, that I should advise you to adopt this mode of administration whenever you may have need of its assistance.

Another form of so-called rheumatism which you will often be called upon to encounter is that known under the title of "gonorrhœal rheumatism." So common is this form of disease that we are never without one or more examples of it in the wards. But although the opportunities for observations are numerous, the profession have not as yet attained to much certainty in its treatment. In private practice I am often consulted by gentlemen who for months have been taking medicine without relief; and I doubt not that you have seen many patients in this hospital who, after having taken alkalies, iodide of potassium, colchicum, guaiacum, and other anti-rheumatic remedies, and having had a succession of warm baths, hot-air baths, and sulphur-vapour baths, have left the house very little better than at the date of their admission. And is not this fact, and the frequent occurrence of inflammation of the eyes which is observed in the course of this complaint, a cogent argument against its rheumatic origin? My own conviction is that the disease is due to the action of a specific poison, and has nothing in common with rheumatism as typified by rheumatic fever, except pain in the limbs and occasional swelling of the joints. Its origin is manifestly connected with a gleety discharge from the urethra, resulting, as I believe, from some peculiar form of vaginal poison distinct from that which occasions ordinary gonorrhœa. Its course is unlike that of true rheumatism, inasmuch as when it occurs in an acute form it is seldom accompanied by much heat of skin, or furring of the tongue, or loading of the urine, is attended by excessive synovial effusion, is rarely productive of redness of the affected joints, and is never marked by inflammation of the heart; and when it presents itself in a chronic form, it is almost invariably unattended by furring of the tongue or loading of the urine, or by any of the general symptoms which characterize true rheumatism; whilst the local affection as in the acute form, is distinguished by synovial effusion, by its stationary character, and by its obstinate resistance to ordinary treatment. The insufficiency of ordinary remedies is admitted by all, and I am sure I am enunciating the opinion of the profession when I tell you that cases of gonorrhœal rheumatism are amongst the most obstinate we have to deal with. Iodide of potassium, alkalies, guaiacum, colchicum, copaiba, and sarsaparilla, which are the medicines most highly esteemed in such cases, very generally disappoint our expectations; for although the urine be rendered alkaline, although iodism be induced, although colchicum, guaiacum, and copaiba be administered in full and repeated doses, although the patient take sarsaparilla *usque ad nauseam*, the obstinate swelling of the knees, or feet, or wrists continue, and the wandering pains in the limbs torment the patient as before. Sometimes, indeed, the pains will subside under the influence of these remedies, but the frequency with which they continue unchecked has long since satisfied me that in many instances some agent is needed which will exert a more decidedly curative power. This agent, I believe, is to be found in the biniodide of mercury. Provided only the urethral discharge be stopped—and if it be not, measures must be taken immediately to check it—this remedy will almost always effect the object we have in view. The cases in which I have employed this drug in the wards of the hospital are so numerous, that you have all had opportunities of watching its action: but it may be well perhaps to direct your attention to one or two cases in which its effects have been strikingly manifest.

First, let me cite the case of R. C——, aged twenty-one, in Hope ward. He had been attacked with urethral discharge three weeks before admission, and for a fortnight had undergone treatment with relief, when he was suddenly seized with excessive pain and swelling of the left wrist and both knees, and with conjunctivitis of both eyes. In this state he was admitted into the hospital. His complexion was pale; skin warm, not hot; tongue coated; bowels reported open, and urine clear; pulse 96; appetite good. A slight gleety discharge from the urethra still continued.

Now, here was a case in which the articular pain and swelling were severe, and in their character corresponded with what is observed in rheumatic fever, and yet the general symptoms of the case bore no sort of resemblance to those which accompany that form of disease. Not only was there no heat of skin, but the urine was clear, the appetite good, and the conjunctiva, which in true rheumatism is rarely, if ever, affected, was the seat of acute inflammation. No wonder that in these cases the treatment ordinarily pursued for the cure of rheumatism proves inadequate to restrain the progress of the disease! The malady itself is of a specific nature, and requires special treatment. In the example before us, the patient was cachectic, and therefore the ordinary diet of the hospital, with a pint of porter, was given daily; a zinc injection was prescribed with the view of checking the gleet; the eyes were fomented with warm water; and the following medicine was administered three times daily—viz., solution of bichloride of mercury, two drachms; iodide of potassium, half a scruple; cinchona draught, ten drachms. This treatment was commenced on the 20th of June, and by the 30th the inflammation of the eyes had disappeared, and the swelling in the joints had greatly subsided. The medicine therefore was continued as before; the pain and swelling decreased daily; and on the 6th of July, as there was no longer any pain, the patient was permitted to leave the hospital.

The case of A. T——, aged twenty-two, admitted on the 18th of June into the Fuller ward, was of the same character. This man was attacked with gonorrhœa two months before admission, and had suffered severely from pain in the limbs and joints above six weeks, and from conjunctivitis of the right eye one week; and although he had been under medical treatment, he had not received the slightest relief. His skin was natural, urine clear and tongue clean, his bowels were regular, his pulse was 96, and his appetite was indifferent. There was severe pain, but no swelling, in most of the larger joints, and the inflammation of the right eye caused so much suffering that it prevented his sleeping at night. Fish and beef-tea were ordered for his diet, a blister was applied behind the right ear, and the following draught was given three times daily—viz., iodide of potassium, six grains; solution of bichloride of mercury, one drachm and a half; nitrate of potass, one scruple; cinchona draught, ten drachms and a half. Within five days the eye was much relieved, and the appetite had improved; and as the skin still continued cool and the urine clear, I ordered him to take meat and a pint of porter for his dinner. On the 4th of July he was able to discard his eye-shade; and on the 9th, as he had no longer any pain in the limbs, he was permitted to leave the hospital.

These two cases are fair examples of the result of this treatment when it is commenced within a reasonable time after the accession of articular mischief; and those of you who have watched my practice in the wards are aware that I seldom have a recent case of so-called gonorrhœal rheumatism under my charge above a fortnight or three weeks. But when this disease has been improperly managed, and has run on for a period of many months, it is apt to produce thickening and stiffness of the ligamentous and other structures around the joints, especially around the ankles. This chronic thickening and pain may induce permanent disability of the joints; and as internal remedies are here of little avail, and ordinary lotions and embrocations are also of little service, I will call your attention to the only mode of treatment which I have found productive of real benefit. I will illustrate it by reference to the case of J. M'G——, aged twenty-one, who was admitted into the Fuller ward on the 25th of July. This man had an attack of gonorrhœa eight months prior to his admission to the hospital, followed in the course of ten days by pain and swelling of several of the larger joints and especially of the feet and ankles. He underwent treatment with partial relief, but had never got rid of the pain and swelling of the ankles, although blisters had been applied and a variety of lotions and embrocations had been employed. At the date of his admission his ankles were both swollen, the structures external to the joint being much thickened; they were not tender on pressure, but were so painful on motion that he could scarcely walk across the ward even with the aid of two sticks. His general health was good, his functions were properly performed, and he had no pain in any other limb or joint. He had a thick discharge from the urethra, which had made its appearance from time to time ever since the attack of gonorrhœa.

Now this case is a type of many which will come before you in practice, and I would have you look closely into its history. What think you were the indications for treatment? The urethral discharge was an abnormal feature requiring local treatment to repress it, and a zinc injection which was ordered for that purpose effected its object in less than a fortnight. But what indications were there for general treatment—for the administration of medicine? Assuredly none. The man's health was good, his appetite excellent, his functions were regularly performed, his secretions were natural, his pulse was quiet, and there were no wandering pains in the limbs or other evidences of a poisoned condition of the blood. Accordingly I abstained from the administration of medicine internally, and addressed myself to the relief of his feet and ankles by external means. I gave directions that a cold douche should be applied to these parts daily for the space of ten minutes, or until he could bear the shock of the water no longer, and that then without previously wiping or drying the feet, active friction should be made use of until warmth had returned to them. This active heavy rubbing was continued for about twenty minutes on each foot and ankle daily. When it was concluded, anp the circulation in the part was thoroughly re-established, the feet and ankles were enveloped in lint steeped in the following lotion: namely, compound tincture of iodine, half an ounce; glycerine, two ounces and a half; water, three ounces. The lint was then covered with flannel, and was kept on the part until the following morning, when the douche and friction were made use of as before, and then the lotion was reapplied. The result, as you have seen in many other cases, was that within a few days he was enabled to discard his sticks, and he left the hospital on the 22d of August free from pain and walking comfortably. In many instances of the same kind, in which patients have been admitted with the structures around the knees thickened and with chronic effusion into the capsules of the joints, I have often employed the same treatment successfully, the only variation being the use of a bandage, firmly applied over the lotion-steeped lint, instead of a simple piece of flannel—the support which the bandage gives in these cases being favourable to absorption of the synovial fluid.

Before quitting this subject, I would make a few remarks respecting this method of treating chronic thickening of the joints. It is not the mode of treatment usually employed, but it is eminently successful, as those of you who have watched my practice can testify. Case after case has come before you in the wards in which persons who have been suffering many weeks, or even months, from thickening and stiffness of some of the larger joints, and thereby have been incapacitated for work, have recovered the use of their limbs, and have left the hospital after a few weeks of this treatment. This, too, has happened in the instance of many patients who, prior to admission, have had their joints blistered, painted with iodine, and otherwise treated without relief. In truth, it has always appeared to me that the ordinary mode of employing iodine in these cases is wrong in principle, and often useless in practice. The compound tincture of iodine is the preparation commonly employed, and it is painted over the affected part under the idea that it will act as an absorbent. But when used in this manner, it dries in a few minutes, and destroys the cuticle after two or three applications. In some instances, it may be useful as an escharotic; and, in others, it may prove serviceable as a mild counter-irritant; but it is repugnant to common sense to suppose that when applied in this manner it can exert a distinctly absorbent influence. Further, by destroying the cuticle, it soon creates a bar against its own employment, and utterly precludes the use of friction and other measures which may be deemed likely to be productive of relief. The method which I adopt has no such drawbacks. It does not lead to destruction of the cuticle; it does not even produce cutaneous irritation, unless the lint be covered with oiled silk or gutta-percha, in which case a crop of pustules will make their appearance within forty-eight hours; it insures a constant absorption of iodine, and a constant stimulus therefore to the removal of the effused fluid; it admits of the application of the douche and friction—two of our most potent auxiliaries for stimulating the local circulation and getting rid of chronic thickening around the joints; and it effects the object in view more rapidly and more certainly than any plan of treatment with which I am acquainted. The formula which was employed in this case contains as much iodine as the skin will bear without suffering, and the glycerine in the lotion prevents the drying of the lint, and does away with the necessity for wetting it more frequently than once in twenty-four hours. The patient is thus saved unnecessary trouble, and the pain and irritation resulting from the destruction of the cuticle are avoided.—*Lancet*, Jan. 31, 1863.

HOSPITAL NOTES AND GLEANINGS.

Cases of Convulsions arising from Carious Teeth.—The following notes of cases of this kind occurring in St. Bartholomew's Hospital, are published by Mr. ALFRED COLEMAN:—

CASE 1.—L. C. G——, aged seven years, a moderately healthy-looking child up to the age of four years and a half, when he had scarlatina severely, followed by glandular swellings. About four months since he was observed to avoid using his fingers, and would attempt to take up a cup between the backs of his two hands, for which his mother, thinking it was a childish trick, always scolded him and tried to make him take it up in the proper way, but without much success. Fancying his right arm was diminishing in size, she took him to Mr. Coote, who sent him to Mr. Coleman to examine his mouth. This was on a Saturday. In the afternoon of the same day, after having been seen by Mr. Coleman, the child was attacked with a fit of what his mother described as shivering in the right arm, the arm and fingers being drawn up as well as convulsed: his speech also seemed affected. Shortly afterwards, this was succeeded by another fit of the same character, which commenced with a feeling of pins and needles in the right shoulder, extending to the arm and hand. From the Saturday to the Sunday evening inclusive he had ten such attacks. On the Monday he had an epileptic fit, which lasted two hours, soon afterwards followed by another, which did not last so long.

Wednesday.—The child has had no more epileptic fits; but the lesser seizures still continue, occurring very frequently. He appears much alarmed at them. His mouth and cheek are drawn up during a fit, and he cannot speak; but says, "Mother, it is going," as the attack is leaving him. On this day Mr. Coleman extracted his four temporary second molar teeth, all of which were decayed, but had given him little or no pain.

May, 1861.—Has remained perfectly free from the before-mentioned seizures since the removal of the teeth until within the last two days, during which he has had seven slight attacks. One of the first temporary teeth was found to be carious, and it was removed about a week after this. His mother called and stated that he had had one very slight attack since the removal of the tooth; she promised to bring him should a second occur, but neither mother nor child has been seen since that time.

CASE 2.—M. J.——, aged about twenty-three years; is healthy-looking, and enjoys very good health; suffers much from toothache, and during the fits has a tingling sensation in the palms of his hands and soles of his feet, but especially in the left arm. Several of his teeth were decayed, but not so much so as to require removal; they were filled with gold, since which he has had no return of pain or the accompanying sensations.

CASE 3.—M. B——, aged about thirty

years, a moderately healthy person, but suffers much from neuralgia in her head and face, and has had latterly during the attacks partial paralysis of the left arm. She was under the care of Mr. Coote, at whose request Mr. Coleman removed, whilst the patient was under the influence of chloroform, four carious teeth, some from each side of the mouth. She was greatly excited during the first stages of chloroform. Since the removal of the teeth the pain and partial paralysis of the arm have not returned. Some artificial teeth were constructed for her, which she says fit her very well, but cause, by pressure upon the gums where the teeth were removed, attacks of neuralgia of the face.

Case 4.—Sarah B——, aged nineteen years, pale and anæmic-looking. She suffers much from toothache, and during the fits loses completely the use of both arms, has a stinging feeling in the lips; her sight is also affected; has suffered loss of consciousness occasionally during the attacks. After a severe attack twitching in the shoulders and arms lasts for two or three hours. Mr. Coleman removed a carious upper left bicuspid tooth, where she said the pain seemed to arise, and ordered her valerianate of zinc, in grain doses, three times a day. She was directed to return that day week, but has not been seen since.

In the "Transactions of the Abernethian Medical Society" will be found a paper, by the late Dr. W. Baly, "On a Case of Epilepsy caused by a Carious Tooth in a Warder at Millbank Prison, cured by the removal of the Tooth;" with remarks upon the subject.—*Lancet*, June 13, 1863.

Eczema of the Entire Surface.—E. H——, a woman aged twenty-five, was admitted into the West London Hospital, under the care of Dr. Logan on the 21st January, in consequence of an eczematous eruption which extended over nearly the entire body. The face was much swollen, and of very red colour; and about the ears, which were much inflamed, there was a profuse watery discharge. The scalp was also completely covered by the eruptions, as well as the neck, chest, hands, and arms. Upon the trunk and lower extremities the eruption was not so complete, although, in places, of a very severe character.

The woman stated that the disease began about four months previous; that she had been under medical treatment from its commencement, but that nothing she had taken had done her any good; and she had been gradually getting worse, until she was unable to attend to her duties, when she applied at the hospital. Being of a full habit, she was ordered saline aperients; and Dr. Logan, being of opinion that the disease was of a parasitic origin, prescribed iodide of sulphur ointment, with a lotion of bicarbonate of soda, to be used every morning to remove the ointment, which was then reapplied, and again at night.

At her next visit the eruption on the face was slightly better, and the discharge from the surface of the ears considerably diminished; but the scalp was no better, and owing to the difficulty of applying the remedies the hair was ordered to be cut off. She was now ordered a mixture of liquor potassæ and infusion of quassia three times a day, and to continue the ointment and lotion.

Under this treatment she rapidly improved, and by the 4th of March the eruption had entirely disappeared, when she was discharged perfectly cured.

This case is interesting on account of the extensive surface affected by the eruption, its severe character, and the rapidity with which the patient recovered under the treatment above mentioned, which latter circumstance is strongly confirmatory of the view taken of its origin.—*Lancet*, June 13, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Decision of the Commissioner of Internal Revenue, with regard to the Income Tax to be paid by Physicians.—[We call the attention of the profession to the following letter from the Commissioner of Internal Revenue, which furnishes important information in regard to the income of physicians subject to the U. S. income tax.] The Committee appointed at the last meeting of the Medical Association of the District of Columbia, have obtained the information, with regard to the Income Tax, embodied in the following letter:—

(*Official*,)

Treasury Department.
Office of Internal Revenue,
Washington, June 11, 1863.

Gentlemen: Your letter of this date

has been received, and contents noted. It is asked whether an assessment for Income Tax is to be made upon collections during the year 1862, for professional services rendered during that year and previous years, and whether an estimate of unrealized, or contingent income due for services rendered in that year, ought to be included? I answer, that the assessment should be made upon all collections during the year 1862, without regard to whether the services were rendered during that or previous years. If any profits made during that year and uncollected, remain uncollected when they might have been readily realized, and with a view merely to avoid the assessment of the tax, they are to be considered as collected, and assessed accordingly; for no evasion of the liability of the tax-payer of his duty under the law, should be allowed to profit him. But merely contingent profits, uncollected, the sum not ascertained, remaining open for adjustment, are not liable to assessment.

2d. As to "expenses necessarily incurred in carrying on any trade, business, or profession," physicians cannot be allowed the wear and tear of horses, carriages and harness, any more than they can of their own constitutions, or of their health, necessarily injured in the practice of their vocation; but any incidental expenses, such as the feeding of horses, hire of servants, and such like, are to be deducted from their income.

Very respectfully,
JOSEPH J. LEWIS,
Commissioner.

H. LINDSLY, M. D., C. H. LIEBERMANN, M. D.,
W. P. JOHNSTON, M. D., *Committee.*
Washington, D. C.

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Medical Department of Harvard University.—Dr. CALVIN ELLIS has been appointed adjunct Professor of the Theory and Practice of Physic in this school.

—

College of Physicians and Surgeons, New York—Medical Department of Columbia College.—Dr. T. GAILLARD THOMAS has been appointed adjunct Professor of Obstetrics in this school.

—

University Medical College, New York.—We see it announced that Dr. Gunning S. Bedford has resigned the Professorship of Midwifery in this institution.

Long Island College Hospital.—At the commencement on the 2d of July last the degree of M. D. was conferred on 16 candidates. The number of matriculants during the session was 50.

FOREIGN INTELLIGENCE.

Revaccination.—M. VLEMINCKX, the distinguished Medical Director of the Belgian army, has been for some years past engaged in investigating the subject of revaccination, and the following are the conclusions he has arrived at, based upon 2000 revaccinations performed with the greatest care: 1. The revaccination of well vaccinated subjects generally produces but very slight useful effect. 2. Revaccination is much more called for in the case of persons who have had the smallpox than in those who have been vaccinated. 3. Revaccination is more successful in proportion to the length of time that has elapsed from the period of the first vaccination or an attack of variola. 4. Prior to the age of 25 revaccination is generally useless. 5. From that age until the 35th year, it gives rise to useful results in a certain number of individuals, but still in an exceedingly limited number, so that, without proscribing it, it should not be very strongly recommended. 6. After the age of 35 it becomes truly a preservative, and consequently necessary. 7. When it gives rise to no result on a first occasion, this is no reason why it should not be resorted to at another epoch, there being no proof that the receptivity may not have become developed in the period between the two operations. 8. The revaccination of pupils of schools and seminaries is useless. 9. The same may be said respecting the soldiers of the Belgian army. These conclusions were arrived at by M. Vleminckx in 1858, and none of them were shaken by the results of other investigations conducted on a large scale in 1861-62; and an epidemic of variola which broke out in East Flanders in 1862 has still farther confirmed their accuracy.—*Med. Times and Gaz.*, June 20, 1863.

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Spiritualistic Mania.—In one of the private lunatic asylums in the neighbourhood of Lyons, there are not less than forty persons confined labouring under mental aberration caused by spiritualism.

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CLINICS.

CLINICAL LECTURE.

Lecture on Vaccination—Delivered at St. Mary's Hospital Medical School. By GRAILY HEWITT, M.D., Lecturer on Midwifery and Diseases of Women and Children.

GENTLEMEN: As one of the teachers on Midwifery and Diseases of Women and Children in this medical school, it devolves on me to impart to you some instruction on the subject of vaccination. The existing state of things is such that the responsibility of performing the operation of vaccination falls almost universally on obstetric practitioners; and for this reason it has been found convenient to arrange so that vaccination shall form a portion of the course of lectures on obstetrics and allied subjects.

Of four out of the principal discoveries for which humanity is deeply indebted to Medicine—the cure of intermittent fever by Peruvian bark, the invention of the forceps in midwifery practice, vaccination as a remedy for smallpox, and the use of anæsthetics—the discovery of vaccination stands pre-eminent. Regard the matter from whatever point you will, it cannot be denied that vaccination is a greater remedy, a larger saver of human life, and a therapeutical agent more potent, than any of which we are possessed. If other remedies have saved their thousands, vaccination has saved its tens of thousands.

The responsibility of, and the necessity for, placing before you an exact statement as to the nature and power of vaccination are thus equally great. The very circumstances that the remedy is so sure has operated injuriously as regards the extent to which it has been considered necessary to impart systematic instruction on vaccination at the medical schools throughout the country. While, however, the power of vaccination to prevent smallpox is day by day more substantiated by facts, it is now beginning to be recognized that, in order that it may afford all the protection it is

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☞*In no case is this periodical sent unless the subscription is paid in advance.*

capable of affording, it is essential that great care be exercised in its performance. Hence, also, the necessity for a more systematic instruction of students in medicine in all that relates to vaccination has come to be admitted. It has been stated on very high authority that vaccination is better performed in most countries in Europe than in England. It is probable that in other civilized countries, simply owing to the greater care and attention there bestowed upon the operation, the immortal discovery of Jenner has more largely benefited the community than in England, its birth place.

I shall now proceed to lay before you the principal facts regarding vaccination, the mode of its performance, the best means of insuring success, the differences between good and bad vaccination; and lastly, I shall endeavour to point out why it is that vaccination has, particularly of late, appeared to be to a certain extent a failure, as a preventive of smallpox, in this country.

Vaccination is preventive of smallpox. In order that you may understand what smallpox was prior to the introduction of vaccination, thus enabling you to judge of the magnitude of the boon conferred on humanity by its discovery; in order, also, to assist you in removing the prejudices and practical obstructions likely to be met with in practice, it will be advisable to mention a few of the principal facts and statistics bearing on this interesting subject.[1]

The mortality from the smallpox was formerly something awful, something almost inconceivable. In Sweden, for instance, in the twenty-eight years before the introduction of vaccination, the deaths from smallpox were 2050 per annum for every million of the population. Contrast this with the history of smallpox in Sweden forty years after, when the deaths amounted only to 158 per annum for every million of the population. The benefit of vaccination is obvious from these figures. In Westphalia, between 1776 and 1780, the death-rate from smallpox was 2643 for every million inhabitants; but between 1816 and 1850, during which vaccination was established, it was only 114. In Copenhagen, in the last fifty years of the last century, the deaths were 3128 per annum for every million inhabitants; but in the next fifty years (from 1800 to 1850) the number was 286. Take, again, the experience of the Royal Military Asylum. Out of 5744 boys who have passed through this institution during forty-eight years, only four deaths have taken place from smallpox, and those were unvaccinated cases.

The natural history of smallpox, in undisturbed and in unprotected communities, may be summed up in a very few words. Of every 100 persons attacked about 35 die. But the mortality is much greater in the case of young children than in the case of old persons. In the case of children under five years of age, out of every 100 attacked 50 will die. From the age of five to ten, out of every 100 attacked 27 will die; from ten to fifteen, 23 will die; from fifteen to twenty, 26 will die; from twenty to twenty-five, 40 will die. And after this period the percentage greatly increases; so that from twenty-five to thirty, 45 per cent. will die; from thirty to thirty-five, 57 per cent.; from forty to sixty, 69 per cent.; and between sixty and ninety the mortality is 75 per cent. So that in the cases of very young and very old persons smallpox is peculiarly fatal. Of 2654 patients admitted during sixteen years into the Smallpox Hospital, affected with smallpox and unvaccinated, 996 died—*i. e.*, 37 per cent.

But it is not simply that smallpox kills—this is not the extent of the evil. Among those whom it permits to recover, the conditions left are in many cases distressing in the extreme. Blindness is very frequently the result of smallpox. Then there is the disfigurement by scars—the destruction, the total destruction in many cases, of the good looks of the patient; and lastly, the general health is frequently profoundly shattered by a bad attack of smallpox. So that not only does smallpox kill thirty-five per cent. of those whom it attacks, but it frequently produces effects in those who recover from which every one would be desirous of escaping.

How far does vaccination prevent this evil, and in what degree? Dr. Woodville's evidence, given before a commission appointed by Parliament to inquire into the subject in 1802, was as follows: "Within the two years, 1799 to 1801, 7500 persons were vaccinated at the Smallpox Hospital, of whom about one-half were subsequently inoculated with smallpox matter, and in none of them did smallpox produce any effect." This is a remarkable, and in the history of vaccination an old fact. But there is another more recent and still more remarkable which I have to bring before you.[1] In the public institutions of this metropolis there are vaccinated annually about 20,000 individuals, and it is natural to suppose that a very large majority of smallpox patients belonging to this class of the community would be admitted into the Smallpox Hospital. But it has been found that there have been admitted into this hospital only about nine individuals per annum of those who have been vaccinated at the public institutions of the metropolis, and, consequently, only one individual in 2108 thus vaccinated has become a patient of the Smallpox Hospital. Of those who have been so vaccinated, what is the number of deaths that have taken place in the Smallpox Hospital? There has been only one death in 36,000. It is reasonable, therefore, to infer that in this metropolis in the case of properly vaccinated persons the chances are nearly 30,000 to 1 that they will not die of smallpox, and that the chances are not far short of 2000 to 1 that they will not take smallpox at all. The metropolis has been badly protected, many of the inhabitants never having been vaccinated at all, and there is thus always a soil adapted for the growth of the disease. In districts where vaccination has been universally practised, smallpox is unknown, except in the case of individuals bringing the disease with them from other places into the locality. Facts in abundance are available in support of this statement.

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[1] See the Blue-book on Vaccination, published in 1857, and which contains an elaborate, eloquent, and almost exhaustive account of Vaccination, from the pen of Mr. Simon.

We have next to inquire—*Is vaccination, well or indifferently performed, and of various degrees of intensity, equally protective against smallpox, or against death from smallpox?* This is a most important question, and one which the facts that have only of late years come to light, render peculiarly interesting. The following very remarkable facts observed by Mr. Marson[2] bear directly upon it: During the sixteen years ending 1851, there were admitted into the Smallpox Hospital 3094 individuals protected by vaccination. There were 1357 persons with one cicatrix; 888 with two cicatrices; 274 were admitted with three cicatrices, and 268 were admitted with four cicatrices. The mortality in these different cases was as shown by the following figures:

				Mortality. per cent.
With 1 cicatrix, 1357 cases	Good	768	....	4.23
	Indifferent	589	....	11.95
" 2 cicatrices, 888 cases	Good	608	....	2.68
	Indifferent	280	....	7.29
" 3 cicatrices, 274 cases	Good	187	....	1.63
	Indifferent	87	....	2.32
" 4 cicatrices, 268 cases	Good	202	....	0.99
	Indifferent	66	....	0.00

It requires but a very slight inspection of these figures to see the relation which subsists between the goodness and intensity of vaccination and protection from death from smallpox. In the 768 individuals who had only one good cicatrix, the deaths were four out of every hundred; and of those who had an indifferent cicatrix, the mortality was eleven per cent. When two cicatrices were present, the mortality came down very much—from four to two, but still it was higher in those who had indifferent cicatrices than in those that have good ones, in the proportion of 2.68 to 7.29. With three cicatrices the mortality is still reduced, being 1.63 with good, and 2 32 with bad cicatrices. With regard to those admitted with four cicatrices, the number of deaths was excessively small, not one in a hundred. There were some individuals who were worse off even than those with one cicatrix —viz., those who had been vaccinated, but who had no cicatrix at all. Of these there were 290, and the mortality amongst them was 21.73 per cent. Mr. Marson finally states in reference to the statistics—"Test the question in which way soever you will, the result is in favour of producing four vesicles at least at vaccination." The confluent form of smallpox appears to affect most those with few cicatrices.

The power of vaccination to prevent those attacked with smallpox from dying of the disease, is thus in direct ratio to the goodness and efficiency of the vaccination; for it results from Mr. Marson's very valuable observations, that of the whole number of individuals attacked with smallpox and previously vaccinated, seven per cent. die; of the badly vaccinated, fifteen per cent. die; but in well vaccinated persons—understanding by the term "well vaccinated," those having four or more cicatrices, the mortality is less than one per cent.

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[1] This fact was stated by my friend, Mr. Marson, in his most valuable paper, "An Analytical Examination of all the Cases admitted during Sixteen Years at the Smallpox and Vaccination Hospital, London," vol. xxxvi. of the Med.-Chir. Transactions.

[2] Med.-Chir. Transactions, vol. xxxvi.

Recently the results of some very important inquiries as to the method in which vaccination is practised in different parts of England have been published.[1] The reports of these inquiries, made respectively by Drs. Seaton, Stevens, Sanderson, and Buchanan, furnish information particularly interesting at the present moment; and in relation to the question as to the protective power of good and bad vaccination, my friend, Dr. Buchanan, in the course of the last year, examined, under the direction of the Board of Health, a number of children. Some of the results obtained I will now mention. Dr. Buchanan, for instance, examined in the schools of certain unions in the country, 15,041 children indiscriminately: 185 of these bore the scars of smallpox—1 in every 81; 12,860 out of the 15,000 had been vaccinated, and only 12 of these, or 1 in 1000 had the scars of smallpox, being only 0.10 per cent. of the whole number. Taking the 2804 children who were unvaccinated, 171 were scarred, or upwards of six per cent. With reference to the 12 individuals who had been vaccinated, and were found scarred, the vaccination having failed to a certain extent, there was only 1 who had three good cicatrices; 3 had each three very bad cicatrices; 1 had two passable cicatrices; 1 two bad ones; and 6 children had only one cicatrix, in which the quality was bad. Thus 11 out of the 12 children who had been vaccinated and took the smallpox, had been inefficiently vaccinated. These facts are in remarkable agreement with the results of Mr. Marson's observations as to the history of smallpox occurring after vaccination, and they prove incontestably the great protective superiority of good over bad vaccination.

(*To be continued.*)

HOSPITAL NOTES AND GLEANINGS.

Punctured Wound of the Edge of the Cornea by an Arrow; large prolapse of the iris; recovery.—Louisa B., aged 5 years, was brought to the Royal London Ophthalmic Hospital, on account of an injury she had received in her right eye the day previous. Her brother, playing with a bow and arrow, shot an arrow into her right eye. It penetrated the globe at the inner margin of the cornea, close to its junction with the sclerotic, and stuck in the eye. It was withdrawn by the child, and immediately an extensive prolapse of the iris took place. When first seen, there was a wound about one-eighth of an inch in length at the site above mentioned, and through it protruded a large portion of iris, nearly one-sixth of the entire circumference. The point of the arrow appears to have simply passed into the anterior chamber, and not to have touched the lens, or otherwise to have disturbed the parts within the eye. The lens, as far as could then be made out, was quite clear, and the sight was good. With the exception of the large bulging portion of iris, the eye looked very much as if an iridectomy had been performed. Some recent lymph coated the protruding portion of iris.

The question now was, what treatment in such a case was best to be pursued? The portion was too large to admit of a ligature being placed round it, as in iridesis; for the wound—and that a somewhat gaping one—still remained, and if the bulging part was diminished in size, fresh iris would probably prolapse. For the same reason cutting it with scissors was inadvisable; for the large wound would still remain, and another bulge certainly take place.

Mr. Bowman saw the child and punctured with a fine needle the protruded iris at four or five points, allowing a little of the aqueous which swelled it to escape, so as to cause it to collapse, and at the same time, perhaps, to favour a certain amount of adhesive inflammation. This treatment he recommended to be repeated once or twice a week, according to the condition of the eye.

The child was brought to the hospital regularly twice a week for about a month, and on each occasion Mr. Lawson repeated the puncturings. They produced but little annoyance, the slight action which followed each operation being limited to the prolapsed iris and the wound. The case progressed uninterruptedly: the wound closed, the bulging portion of iris became strangulated, a firm cicatrix resulted, and the child has a good and useful eye.—*Lancet*, Aug. 8, 1863.

Crackling of the Joints in a Pregnant Woman.—One of the most striking instances of this crackling which has come under our notice was admitted into the West London Hospital in the early part of January. The patient, Martha B——, aged twenty-seven, was enceinte with her fifth child, and was troubled with the most intolerable prurigo, to which it appeared she had been subject at each of her pregnancies. It was now more severe than on any former occasion, and she felt as if she could scratch herself incessantly to get rid of it. She drew Dr. Gibb's attention to a crackling in her right and left knee-joints, much more noticeable in the former. On flexing and straightening the right knee, the crackling was not only felt to be very rough and grating, but it could be heard. There was some effusion also into this joint. The right elbow, wrist, and shoulder joints were similarly affected with crackling, but to a much milder extent.

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[1] Fourth Report of the Medical Officer of the Privy Council. Ordered by the House of Commons to be printed April 11, 1862.

The patient had the peculiar aspect of a person who has been long subject to chronic suffering from joint disease; yet on inquiry it was elicited that she had never been affected with rheumatism, although she had had pains in the joints. Her father is subject to arthritis, most probably rheumatoid; and it is more than likely that the diathesis has been inherited, and is thus manifested by an alteration in the condition of the synovial membrane, which has given rise to the sensation of crackling. There was no effusion into any other joint than the right knee, nor was any joint painful. She had palpitation of the heart, wholly functional, for there was no evidence of organic disease.

Besides other means, she was ordered a mixture containing the bicarbonate of potass (fifteen grain doses), and small doses of tincture of iodine and iodide of potassium; and a liniment to rub over the right knee-joint. Under this treatment she visibly improved, and the crackling had greatly subsided when she was last examined.—*Lancet*, Aug. 1, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Permanganate of Potassa as a Disinfectant and Deodorizer.

(*Circular No.* 12.)

SURGEON-GENERAL'S OFFICE,
WASHINGTON CITY, D. C., July 29, 1863.

The attention of Medical Officers is called to the virtues of Permanganate of Potassa as a disinfectant and deodorizer.

A preparation of this salt in solution is supplied by the Medical Department. Medical Officers are directed to make proper requisitions therefor upon Medical Purveyors whenever its use may be indicated; and Medical Purveyors and Storekeepers are directed to keep a stock on hand by making timely requisition on this Office.

WM. A. HAMMOND,
Surgeon-General.

—

Medical Institution of Yale College.—DR. LEONARD J. SANFORD has been appointed Professor of Anatomy and Physiology in this school, to fill the vacancy created by the death of Professor Charles Hooker.

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Boylston Medical Prize.—The prize of ninety dollars, or a gold medal of that value, has been awarded to DR. FRANKLIN DAMON, by the Boylston Medical Committee, for the best dissertation on *Leucocythemia.*

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OBITUARY RECORD.—Died, at Marietta, Ohio, July 24th, 1863, of enteric fever, resulting in hemiplegia, after a short illness, SAMUEL PRESCOTT HILDRETH, in the 80th year of his age. Dr. H. was one of the leading, and most esteemed citizens of Marietta. He was born in Methuen, Mass., in 1783. He commenced practice in New Hampshire, but after a few months he removed to Marietta, Ohio, in Oct., 1806, but shortly afterwards settled as a practitioner at Belpre, 12 miles below. In 1808 he returned to Marietta, and ever after resided there.

Dr. H. was extensively and favourably known by his medical and scientific writings.

In 1808 he published in the *New York Medical Repository*, a history of an epidemic which had prevailed the previous year; also in 1812 a description of the American Colomba, with a figure of the plant; likewise in 1822, an article on Hydrophobia, and another on a curious case of Siamese twins, in his practice. In 1824 he published in the *Philadelphia Journal of Medical Science*, a full history of the Great Epidemic Fever that visited the Ohio Valley and Marietta in 1822 and 1823; and in 1825, in the *Western Journal of Medicine*, Cincinnati, an account of the minor diseases of the epidemic. In 1826, he published in *Silliman's Journal of Science*, New Haven, a series of articles on the Natural and Civil History of Washington County. From that time until his death, nearly forty years, he was a contributor to the *Journal*—such articles as descriptions and drawings of fresh-water shells found in the Muskingum and other streams, several upon geological subjects, touching upon the geology of Southeastern Ohio, the salt-bearing rock, the history of salt manufacture from the first settlement of Ohio, the coal formation, &c., "The Diary of a Naturalist," on the 17-Year Locust in 1829, again in 1846, and from 1826 to the present time, a journal of the weather, amount of rain, flowering of plants, ripening of fruits, &c., for each year.

In 1837, Dr. Hildreth was one of the Assistant Geologists upon the State Geological Survey, and the report of his labours was published by the State, in connection with the reports of other geologists upon the survey.

In 1839, he was President of the Medical Society of Ohio, and delivered the annual address at Cleveland, a history of the diseases and climate of Southeastern Ohio from its first settlement, which was printed by the Society. He published between this period and 1843, various historical papers. In 1848, was published his "Pioneer History," an octavo volume of 525 pages, "an account of the first examinations of the Ohio Valley, and early settlement of the Northwest Territory," which was followed in 1852 by an 8vo. vol. of 539 pages. "Lives of the Early Settlers of Ohio," followed in 1852.

Dr. H. collected a valuable cabinet of natural history, and of relics from the ancient mounds, all which he presented to the Marietta College, with his scientific library.

FOREIGN INTELLIGENCE.

Nitrate of Silver.—Dr. John Higginbottom, in a letter to the *British Medical Journal*, July 11, 1863, calls attention to the superiority of the ordinary nitrate of silver over the new preparations which have been now some time in use. The new preparation, "Lunar Caustic Points, perfectly tough," is worthless as an application in surgical cases. It is not nearly so soluble as the old brittle stick of nitrate of silver, and has scarcely any power in checking and subduing inflammation, and useless in the cure of wounds. The same remarks apply to the cake and crystals of the nitrate of silver used for photographic purposes; which, although they may be more chemically pure, are much less efficacious for surgical purposes than the old preparation.

It is a remedy to which I called the attention of medical men thirty-seven years since, in an essay on the *Use of the Nitrate of Silver;* every succeeding year it has maintained its value in my estimation; but I fear that if the new preparations continue to be used, it will undeservedly fall into discredit.

Stricture of the Urethra.—"Clinical observation," said M. Mobel-Lavallee the other day at the Société de Chirurgie, "shows remarkable results. M. Dolbeau is a young man, and he has performed urethrotomy thirty-seven times; whilst I, who have been much longer in practice, have never performed that operation. I am convinced that urethrotomy is much abused." M. Velpeau remarked: "What I think of the matter is this: I am satisfied that dilatation is the most convenient and safest method of treating strictures; but the treatment is not in all cases successful. I have cauterized, and I have incised strictures; but I have not found that these methods succeed better than dilatation; and I should not be surprised if some of M. Dolbeau's patients come back into his hands. I have performed urethrotomy about forty times, and I have seen many of them suffer from fresh strictures. I have seen other surgeons perform the operation, but with no greater success than myself. But urethrotomy is infinitely more dangerous than dilatation. I have lost patience after this operation, and I have known other surgeons to do the same. The section of strictures, therefore, should be regarded as a very exceptional operation."—*British Med. Jl.*, July 11, 1863.

Cowpox.—M. Bouley has pointed out an important circumstance to the Academy, which will doubtless occasion much discussion. A horse was brought to him affected with aphthous stomatitis. He thereupon inoculated the liquid aphthous matter on the teat of a cow, on the 10th of last June. On the 18th, of five punctures, four presented pustules perfectly identical with cowpox. M. Bouley then inoculated two infants with matter taken from these pustules. In one of the infants, three perfect pustules, identical with vaccine pustules, were developed. This child was presented to the Academy. Moreover, five pupils at Alfort, all previously vaccinated, were inoculated with this new matter, which produced in them a more or less well marked pustulation, similar to that produced by vaccination.—*British Med. Jl.*, July 11, 1863.

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Treatment of Chaps and Chilblains.—The *Bulletin Médicale du Nord de la France* registers the following formula, which M. Testelin has found useful in cases of chilblains uncomplicated by ulceration: Tincture of iodine, ʒij; chlorinated solulution of soda, ʒvj. This liniment should be laid over the seat of the disease, and afterwards dried by exposure to the fire. M. Testelin states that the remedy effects a cure in three or four days. For the treatment of chapped hands the same practitioner has frequently resorted to the application of honey heated in an oven, and deprived of its viscidity by the removal of the froth formed under the influence of heat. It should be applied over the hands whenever they are washed, and spread with gentle friction. The author asserts that he has thus succeeded in curing chaps, and in preventing their return, in servant maids whose hands are frequently exposed to the contact of water, and who usually suffered from this inconvenient affection throughout the winter. He prescribed the same remedy with entire success in Brussels to a clear-starcher, although this person did not for a single day discontinue her employment.—*British Med. Journ.*, June 6, 1863.

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Extirpation of Uterus and one Ovary.—It is stated in the French Journals that Dr. Kaberle, of Strasburg, in opening the abdomen for the removal of a fibrous tumour of the uterus, found this organ and one ovary so extensively diseased, that he removed both, leaving only the neck of the uterus. Five weeks after the operation the patient is reported to be convalescent!

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Crust of Bread—M. BARRAL has presented to the Academy of Sciences some remarks of much interest concerning the crust of bread and the gluten contained in it. He had recently shown that, when equally dried, the crust of bread is more highly azotized than the crumb; and he also showed that the crust was more soluble than the crumb in water. M. Payen had, it is true, previously pointed out this greater solubility of the crust, and had ascribed it to the conversion of the starch into dextrine during the baking. But M. Barral's experiments show another important fact. "If," he says, "we exhaust with water an equal quantity of dry crust and dry crumb of bread, we find that the soluble portion of the crust consists of from 7 to 8 per cent. of nitrogen, whilst the soluble portion of the crumb contains only from 2 to 3 per cent. The greater solubility of the crust, consequently, depends upon the transformation which its gluten has undergone under the direct action of the 200° to 220° heat of the oven. The soluble portion of the crust is more highly azotized than the juice of meat." M. Barral added, that he was still engaged with his experiments, which he hoped would throw some new light on panification.—*British Med. Jl.*, July 11, 1863.

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Slavery in Great Britain.—LORD SHAFTSBURY called the attention of the British Parliament lately to the first report of the Children's Employment Commission. The employments on which Lord Shaftsbury commented as injurious to the physical and mental well-being of the children were the manufacture of pottery, lucifer-match making, percussion-cap making, paper-staining, fustian-cutting, machine lace finishing, pillow-lace making, and chimney-sweeping. In the potteries, children aged from 6 to 18 are worked from half-past six in the morning until half-past six in the evening, and sometimes till eight or nine. The ovens in which they work are heated from 126° to 148° Fahr. They are twelve feet square and from eight to twelve feet high. The effect, of course, is a deterioration of the race.

"The potters are, as a rule, stunted, ill-shaped, and frequently ill-formed in the chest. They become prematurely old, are short-lived, are especially prone to chest disease, pneumonia, phthisis, and asthma. Scrofula is a disease of two-thirds or more." "Each generation," says Dr. Greenhow, "becomes more dwarfed and lest robust, and but for their occasional intermarriage with strangers this deterioration would proceed more rapidly."

There are 1800 children and young persons under 18 employed in lucifer match making. They frequently work late into the night in ill-ventilated rooms, and the Commission report—

"That the mental state of the children and young persons calls for an effort to remove a dark blot from this portion of society. It would be difficult to find an average state of intelligence so low as that exhibited by the answers to the questions addressed to these children. A very small proportion can be said to have been taught."

In relation to the physical effects of the occupation in which they are employed, the report says they suffer from—

"The usual and various results of intense labour and bad air, but the peculiar disease is the phosphorous disease, or 'necrosis of the jaw.'"

The manufacture of percussion caps is principally carried on by young girls, who are constantly being injured by explosions. The other trades mentioned, with the exception of chimney-sweeping, are chiefly made injurious by overwork and defective ventilation. In reference to chimney-sweeping, Lord Shaftsbury stated that there are still 2000 climbing boys employed in this country. The evidence collected by the Commission as to the cruelties to which the boys are subjected, and the mode in which they are leased out and bought and sold by their parents, is unsurpassed by any picture of American slavery. Lord Shaftsbury quoted some portion of the evidence of Mr. Ruff, a master sweep, of Nottingham, from which we take an extract.

"No one knows the cruelty which a boy has to undergo in learning. The flesh must be hardened. This is done by rubbing it, chiefly on the elbows and knees, with the strongest brine, close by a hot fire. You must stand over them with a cane, or coax them by the promise of a halfpenny, etc., if they will stand a few more rubs. At first they will come back from their work with their arms and knees streaming with blood; then they must be rubbed with brine again."

His lordship concluded by saying, that it was his intention at the commencement of next session to introduce a measure for the removal of these abominations. The first report of the commissioners included only six trades, and applied to 27,000 children. Other reports will bring up the number to 100,000. The claim of such a number rests not only on humanity, but on political considerations, as involving the well-being of so many future citizens.—*Med. Times and Gaz.*, August 1, 1863.

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Legal Liability for Spreading Contagious Diseases.—The following case, decided in the Malton County Court, England, seems to show that the carriers and spreaders of contagious diseases are legally responsible, and may tend to restrain parents from sending abroad their children before entire recovery from such diseases.

The plaintiff was a farmer and lodging-house keeper near Malton, who sued Mr. J. Postill for £60 for loss sustained by plaintiff by defendant's family bringing the scarlet fever into his house. Defendant it seems had taken the house and removed his family there soon after they had had the fever, in consequence of which plaintiff's niece and wife both took the disease. No one could be got to wait upon the invalids, and plaintiff therefore had to stay at home and neglect his business, and there was a considerable expense incurred in cleansing, papering, and painting the house. The case was supported by the evidence of Dr. Lascelles, of Slingsby, who stated the scarlet fever to be strictly a contagious disease, and that considering the fact that defendant removed his family to Hovingham only a fortnight after a medical gentleman had ceased attending them, he had no hesitation in saying the plaintiff's wife and niece had taken the infectious disease from the defendant's children. His Honour reserved judgment till the present court, when he found a verdict for the plaintiff, damages £10, with all costs. The case, from its novelty, and the liability for frequent occurrence of similar circumstances, has caused much interest.

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OBITUARY RECORD.—Died, near Dublin, July 24, 1863, JOHN MOORE NELIGAN, M.D. Dr. N. was one of the celebrities of Dublin, and was well known in this country by his work on "Medicines; their uses and mode of administration," and his treatise on diseases of the skin. He was, for many years, the editor of the *Dublin Quarterly Journal of Medical Sciences*, which office he filled with marked ability.

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CLINICS.

CLINICAL LECTURE.

Lecture on Vaccination—Delivered at St. Mary's Hospital Medical School. By Graily Hewitt, M.D., Lecturer on Midwifery and Diseases of Women and Children. (Continued from page 76.)

Is the protective power of vaccination affected by lapse of time? This is a most interesting question, involving as it does the decision as to the necessity or otherwise of *revaccination*. It would appear that after the lapse of a certain number of years the protective power of vaccination has a tendency, more marked in some individuals than others, to wear out, and a resusceptibility to smallpox arises. The history of revaccination lends support to this view, which is, as Dr. Budd has recently very justly observed, supported by what physiology teaches in reference to the change and renovation of the body, it being the fact that about every seven years the body is physically completely changed and renewed.

Some statistics as to the history of revaccination in the Prussian Army (from Mr. Simon's work), must be mentioned in connection with this subject. For many years past it has been the custom to revaccinate every soldier admitted into the Prussian army. In 1833, the system of revaccination in the army was begun; and in that year the percentage of cases in which the vaccination took effect was 33. The percentage of revaccination success has progressively increased since that time, the percentages each year being represented by the following figures:—33, 39, 42, 46, 49, 50, 52, 54, 57, 58, 57, 58, 60, 64, 64, 64, 61, 64, 69, 69, 69, 70; so that the percentage has increased from 33 to 70 per cent.

These figures prove that in Prussia—a country in which, so far as is known, vaccination is well attended to—the first vaccination has been followed by a resusceptibility to the vaccine disease, which is not represented constantly by the same figure. These statistics lead probably to the view that the efficacy of the vaccine lymph used

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throughout Prussia has deteriorated in process of time. The latter is a point which will be specially referred to in the next lecture. But we are now concerned with another question: the possible wearing out of the protective power of vaccination against smallpox by lapse of time. It is reasonable to infer that if a resusceptibility to the vaccine disease be shown to arise in the individual, a like resusceptibility to smallpox will concurrently arise in that particular case; and the impression has been for several years past here gaining ground that revaccination is proper, and even necessary, once or more in the life of the individual. Mr. Marson states that during seventeen years not a single servant or nurse belonging to the Smallpox Hospital has taken smallpox, and the universal custom has been to revaccinate the servants, nurses, and attendants in or about the hospital on entering on their employment at this institution. It does not appear that the goodness of the first vaccination necessarily extends the limit which time usually places on the vaccination as protective from susceptibility to the vaccine disease; in other words, an individual well vaccinated at first may be found as liable to take the vaccine disease after the lapse of twenty years as one imperfectly or badly vaccinated. *For the time*, and probably in by far the majority of individuals, good vaccination is almost absolutely protective; but after the expiration of a time, which appears to vary in different individuals, which is influenced by idiosyncrasy or some unknown cause, a resusceptibility to the vaccine disease—and probably also consequently to the smallpox—arises, whether the primary vaccination have been good or bad. If the effect of good primary vaccination wear out in course of time, *à fortiori* must the effects of bad vaccination wear out proportionately sooner. The conclusion to be drawn as to revaccination is, that revaccination should be performed at the age of puberty, and perhaps again at the age of twenty-five or thirty, and that it is desirable also to revaccinate at other ages than these during epidemics of smallpox, and especially in the case of individuals likely to come into contact with smallpox patients.

History and nature of vaccination.—For a full account of the early history of vaccination, and of the manner of which, step by step, our countryman Jenner arrived at a discovery which is emphatically *the* discovery of modern times, I must refer you to the numerous works on the subject, and especially to the Report on Vaccination, by Mr. Simon, before alluded to. Time will only allow me to remind you of the chief facts. Jenner performed his first vaccination in 1796, the subject of the operation being a boy aged eight. This child was afterwards inoculated with smallpox without effect. In 1798 Jenner published his essay on the subject. In 1801 six thousand individuals had been vaccinated; and Parliament voted Jenner the sum of £30,000 in recognition of the importance of his discovery.

The disease known as the vaccine disease, and which is witnessed on the udder of the cow, is in reality the smallpox affecting the animal. In this country, Mr. Ceely, of Aylesbury, and Mr. Bradcock, of Brighton, have proved that this is the case by inoculating cows with smallpox; and well-marked vaccinia has thus been produced. From cows so inoculated individuals have been vaccinated, the results being identical with those of vaccination with matter as ordinarily obtained from the cow. It is probable that if these facts had been known at the time Jenner made his discovery, much of the prejudice which he had to encounter would have been removed. Individuals had an objection to taking the disease of an animal, but there would naturally be less objection to taking a disease the identity of which with smallpox had been proved. Jenner surmised that it was so, as is evident from the name which he gave to the disease—"variolæ vaccinæ." The vaccine disease, then, is the smallpox which has passed through the cow, and which has, in so passing through the cow, become so modified that, when reconveyed to the human subject, it gives rise to a disease of exceedingly slight intensity, but which nevertheless is still the smallpox. For a full account of the vaccine disease I must refer you to the ever-to-be quoted paper in the "Transactions of the Provincial Medical and Surgical Association," vol. viii., by Mr. Ceely, of Aylesbury.

In the next place, we must consider *the phenomena produced by vaccination in the human subject*. The necessary outline of the subject now to be given must be completed by actual inspection and comparison of vaccinated cases, opportunity for which is afforded you at an adjacent public vaccination station. This practical study of the subject is absolutely essential.

Vaccination for the first time.—After the arm has been punctured, and the vaccine lymph introduced, the first effect is identical with that which would be observed if the lancet had been uncharged with lymph; it so remains during the next two days; and it is only on the third day, or towards the end of the third day, that appearances are observed about the wound of an unusual character. It then becomes red and slightly elevated. On the fifth day the cuticle covering this little red spot is elevated into a small pearl-coloured vesicle: and this vesicle evidently contains a fluid. The vesicle varies in shape according to the shape of the incision made—it is round if a simple puncture be made; it is oval if there has been a small incision in the skin. On the eighth day—that is to say, at the close of the seventh day—the vesicle has become much larger; and it is then in perfection, as it is termed. The margin of the vesicle is turgid and elevated; the colour is now somewhat yellow, not quite so transparent as it was, and, on close inspection, it is evident that the vesicle is cellular, and divided by septa, there being from ten to fourteen cells in each vesicle. Moreover, the vesicle is what is termed umbilicated, having a depression in the centre, over which part there is no elevation of the cuticle into bladders. After the eighth day there is formed what is termed the areola, the skin around the vesicle becoming red, sometimes of a deep red tinge; the surface of this areola becomes tense, hot, and at the same time painful; the areola is usually circular. If the points of vaccination be close to each other, there will be a large red spot surrounding the whole, extending sometimes a considerable distance up and down the arm. An occasional but very rare result, and one which appears to be connected with the use of bad lymph, is inflammation of the cellular tissue of the arm. The glands of the neck and armpit are usually slightly swollen. During the eighth and ninth, or even tenth day, the increase in the size of the vesicle goes on. It is extremely important that the two things—the *perfection* of the vesicle and its *greatest size*—should not be confounded. The vesicle is in perfection on the eighth day; but it is at its largest size on the ninth or tenth day. On the eleventh day the vesicle begins to fade, the lymph within becomes absorbed or the vesicle breaks and it is discharged, and a scab forms, which becomes hard, dense, firm, and black, and finally falls off at a time which varies from the eighteenth to the twenty-first day after the performance of vaccination. There is left behind it a cicatrix, which is quite indelible if the vaccination be efficient. Such is the course of the disease normally.

Occasionally there is observed what is termed "retardation" of the disease, and this may take place up to sixteen days, possibly even later. The arm does not "take" so early as it should do, although the disease, after it has begun to take, may go through the same course as that ordinarily observed. On the other hand, a too early taking of the vaccination indicates irregularity, and is usually due to some defective character of the lymph used.

Secondary vaccination.—As a rule, when vaccination has once been performed, the individual is no longer susceptible to the *regular* vaccinia. The effect of the vaccination is, under these circumstances, that irritation is set up analogous in *kind* to that observed in primary vaccination, but the disease sets in quickly, the redness often beginning immediately after the operation; the vesicles are imperfect; there is little evidence of presence of fluid; the duration of the effect is only five or six days (al though variations in this respect may be noted), and the scar left behind is correspondingly small, and wanting in the typical characters. In quite exceptional cases the secondary vaccination takes perfectly, and the course of the second vaccination is more nearly identical with that of the first. These cases, in reality, resemble those in which has been observed the occurrence of smallpox after good vaccination.

Characters of the cicatrix following good vaccination. — It is important that you should be aware of the characters of a perfect scar, and note them accurately. The scar resulting from good vaccination is usually circular; it is radiated, indented, and foveated, having a number of little pits upon its surface; and it has a well defined edge. Good cicatrices are generally of a considerable size. The size of a typical scar, such as would be observed after vaccination by the puncture of a lancet, which is the ordinary method, is that of a threepenny piece—just five-eighths of an inch in diameter.

Now what are the characters of a defective scar? A defective scar is more or less wanting in all the characters mentioned. It is comparatively smooth; without indentation; without the little pittings; the edges are irregular and ill defined, and it is often very small.

Lastly, with reference to the phenomena of vaccination as ordinarily observed. Up to the seventh or eighth day the child is perfectly well, but there generally set in at this time some constitutional disturbance and signs of irritative fever. This varies in degree in different cases; it is sometimes considerable.

It need hardly be observed that the wound inflicted by the vaccination is, like other wounds, liable to be affected by injurious conditions of the surrounding atmosphere. Pyæmia may follow the use of bad lymph; erysipelas has in rare instances been observed. Ordinary care is sufficient to prevent such evils.—*Lancet*, June 13, 1863.

HOSPITAL NOTES AND GLEANINGS.

Dislocation of the Hip-joint in a man aged sixty-eight years, produced by slight Violence; Reduction.—The age of the patient and the slight violence which produced the dislocation in the following case are the chief facts of interest. In the diagnosis between fracture of the thigh-bone and dislocation of the hip stress is always laid upon the age of the patient, the former commonly occurring in advanced life from slight and simple causes, whilst the latter is rare and more usually seen in younger and stronger persons. As forming an exceptional instance, therefore, the following case will prove instructive to the pupil.

W. G——, aged sixty-eight, was admitted into St. George's Hospital, on June 19th, with supposed injury to the right hip-joint. Two days previous, while sitting on a log of wood about a foot high with a child on his knee, he slipped over, falling on his right hip, and the child falling on him. When he rose he found that he had lost nearly all power over the right leg, and he was in very great pain.

When seen by Mr. Pollock, there was found to be shortening of the thigh for about three-quarters of an inch. The foot was inverted. There was considerable motion of the thigh on the pelvis when the limb was moved on examination, but abduction was not obtainable. The head of the femur was evidently lodged in the sciatic notch. There was a great hollow below Poupart's ligament from the absence of the head of the femur in the acetabulum.

Under the influence of chloroform, and with the aid of pulleys, the reduction was successful in a few minutes. The patient recovered without any drawback, and left the hospital on July 1st, able to walk comfortably.—*Lancet*, Sept. 12, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Progress of the Medical Department of the Army under the Administration of Surgeon Hammond.—The following article, which we extract from the *American Medical Times* (Sept. 19, 1863), gives a just and calm statement of the services rendered by Gen. Hammond to the Medical Department of our army, and as we have reason to believe that these services are not generally known and sufficiently appreciated, we are induced to transfer it to our pages.

"The report has for some time been current that a commission has been appointed to examine into the management of the medical department of the army. Pending this investigation the Surgeon-General has been ordered to a distant service, and, as is customary, has been relieved temporarily of duty in the Medical Bureau.

"Meantime, it will not be uninstructive to review the progress of the Medical Department during the administration of Surgeon-General Hammond. The appointment of Dr. Hammond as Surgeon-General was itself the first fruit of the reorganization of the medical department. The practice had become firmly established of selecting the senior member of the staff as the chief, when the place became vacant. But such vacancy rarely if ever occurred except by death, and hence it happened that the oldest members of the staff were always well advanced in years. The rebellion found the Surgeon-General's chair filled by an octogenarian, who had long been incapacitated by age. His successors must for all time necessarily have been men of sixty or upwards, unless an unusual mortality prevailed among the older members. There were senior surgeons who would have made experienced, active, and energetic officers. But this gigantic war found so many men of great age in important and responsible positions, requiring all the energy and endurance of middle life, that public opinion set strongly against the practice of allowing seniority to govern in the selection of heads of departments. Merit or special qualifications were strongly urged upon the authorities as the only safe rule in making such appointments. Influenced by this suggestion, the President selected Assistant-Surgeon Hammond for *Surgeon-General*, overlooking many capable senior surgeons who had laboured faithfully in the public service for a lifetime. In every respect Dr. Hammond seemed eminently qualified for the position. Ten years of service in the staff had rendered him familiar with the detail of routine duties, and placed him in sympathy with the regular corps. Distinguished as a teacher in a prominent medical school, and with a world-wide reputation as a scientific medical writer, he was the best possible representative of the medical profession, and of the volunteer corps. To these were to be added ardent patriotism, the vigour of middle life, and powers of physical endurance equal to any necessary task. The appointment was generally received with unqualified favour.

"On his accession to office the Surgeon-General at once set to work to give the greatest possible efficiency to the department. The field of its operations had gradually widened until it embraced a territory and detail hitherto unknown. The amount of labour thrown upon the department at that moment was enormous. Immense armies scattered far and wide over the continent, and rapidly moving from point to point, were to be supplied with medical and hospital stores, and their hygienic condition to be constantly guarded. Sanguinary battles, occurring almost daily, required the utmost promptness and dispatch to meet the great emergencies and supply the unavoidable waste of material. And, finally, a series of military hospitals was to be organized, and their management perfected on a scale hitherto entirely unknown in the history of war. To discharge the obligations which the war had imposed upon the department required not only rare executive abilities, and great energy in the chief officer, but it was of equal importance that administrative officers in every branch of the service should be honest, capable, and thoroughly qualified for the prompt dispatch of business. The internal changes in the staff necessary to effect these objects and put the machinery in proper working order, were effected with a bold hand, and necessarily created much ill feeling. Older surgeons, who had occupied prominent positions in time of peace, were succeeded by younger men, selected for their qualifications for special duties. Undoubtedly, in some of these changes, in a department so extensive, the right man was not always put in the right place, but of this there can be no doubt, viz., in his appointments to duty the Surgeon-General has aimed steadily to elevate the character of the Medical Staff of the Army, and to increase its efficiency.

"In addition to the ordinary routine of the department the war imposed the necessity of creating a series of military hospitals. The selections of sites, the choice of architectural plans, the erection of the buildings, and the final appointment of all their internal arrangements, required skill and labour of a kind that, at that time, was scarcely attainable in this country. To this work the Surgeon-General gave much of his personal attention, and to his enlightened and persistent supervision the country is under lasting obligations. A system of military hospitals was gradually developed, extending along the Atlantic coast from Boston to New Orleans, and on the banks of the Mississippi and its tributaries, which is the admiration of every intelligent observer. Not only do they for the most part illustrate the latest improvements and suggestions of sanitary science in their construction, but in their management they are models of exactness in administration and of success in the treatment of disease. We believe this system of military hospitals, inaugurated and perfected by Surgeon-General Hammond, will hereafter be referred to with just and honourable pride by the future historian of the war.

"But passing by the general affairs of the department, we find that the Surgeon-General has been unceasing in his efforts to enlarge its usefulness, to elevate the professional character and tone of the staff, and to seize every opportunity to make the experience of the individual members subserve the cause of military medical and surgical science. Among his first acts was the reorganization of the Examining Boards, and raising the standard of qualification for admission to the regular and volunteer staffs. In this connection we should mention the plan of an Army Medical School, to be located at Washington, which has been so far perfected as to have the first course of lectures arranged for this fall, and the lecturers selected. No rational and unprejudiced person can doubt that such a school, properly conducted, would give to the medical staff a much better qualified class of junior officers than can be obtained directly from the medical schools. The Surgeon-General followed the example of the British Government, which, after years of experience with scattered professorships, finally consolidated the several chairs, and formed the British Army Medical School.

"The Army Medical Museum, founded by Surgeon-General Hammond, is an enterprise deserving of the highest praise. Already it begins to attract public as well as professional notice. It is now one of the richest collections in the world, illustrative of the surgery of war. The collection and preparation of materials for a future Medical and Surgical History of the War is another most important and meritorious undertaking. The materials for these volumes are very abundant, and of the most valuable kind. When completed, the history will illustrate the progress which the profession of the United States has made in military surgery. And we may add, no American surgeon need be ashamed of the record.

"But we have not space to pursue this review further. The medical department of the U. S. army, in its efficiency, in the character of its officers, and in the detail of all its operations, surpasses that of any similar foreign organization. It has indeed received the most unqualified compliments from English army medical authorities. It has also the confidence of the general public to an extent rarely attained by the best medical organization. Of the circumstances which led to the appointment of this commission we are ignorant, but presume it is based on one of those idle rumors of fraud and corruption which are now so freely in circulation in regard to other departments of government. The result of this investigation is foreshadowed in the following paragraph from an influential and well informed daily journal, and we anticipate the early return of the Surgeon-General to the responsible duties of his office: 'It was admitted that Dr. Hammond had performed wonders in organizing and systematizing a medical bureau such as never before existed in this or any other country. It is true that the Secretary of War did, some six weeks ago, appoint a commission composed of Govenor Reeder, Judge Hoard, and Major Barstow, to inquire into the condition and management of the Medical Bureau, and it had been whispered that in some particulars, not, however, affecting the efficiency of the medical department, censure to a slight degree might possibly be attached by this commission to the Surgeon-General or some of his subordinates; but everything adduced went to show that, so far as the appropriation for the purpose would admit, the wants of the sick and wounded of our armies had been supplied with most commendable promptness and completeness, both in the field and in the hospitals.' "

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Army Medical Intelligence.—Surgeon-General Hammond has gone on a tour of inspection of the hospitals on the southern and Gulf coast: and Surgeon Jos. K. Barnes, recently appointed Medical Inspector-General, has been temporarily assigned to duty as Acting Surgeon General.

Surgeon John M. Cuyler has been assigned to duty as Medical Inspector-General.

Dr. Frank H. Hamilton, U. S. A. Medical Inspector, has resigned, and his resignation has been accepted.

Surgeon Jos. R. Smith, late Acting Surgeon-General, has been ordered to St. Louis, Mo.

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Pennsylvania Hospital.—Dr. G. W. Norris has tendered his resignation as one of the surgeons of this Institution, a post which he has occupied for twenty-seven years, during all which time he has commanded the respect, esteem, and confidence of his colleagues and of the managers, and won the gratitude of the patients by his eminent skill, his great kindness, and his unwearied attention to his duties. He carries with him in his retirement the best wishes of all connected with the Hospital.

FOREIGN INTELLIGENCE.

Solidified Cod-Liver Oil.—M. Dufourmartel, says the *Gazette Médicale de Lyon*, prepares this oil as follows: Brown cod-liver oil, one ounce; isinglass, eight drachms; water enough to dissolve the isinglass. Add the oil by degrees, taking care to remain within 77° of Fahrenheit; and, also, four drops of essence of aniseed. Various syrups, as those of phellandrium, bark, iodide of iron, &c., may be added to this jelly. A tablespoonful of it is equivalent to almost half an ounce of cod-liver oil, to thirty-two pills or capsules, and almost one ounce of the syrup. It would appear that a medical committee, appointed to examine this jelly, has reported very favourably upon it.—*Lancet*, Aug. 29, 1863.

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Money Value of a Reduced Death-Rate.—This is shown in startling figures in Dr. Gairdner's work on Public Health. He assumes that there has been an average of 3750 lives saved annually by the sanitary improvements of the town of Liverpool. Basing the calculation of the value of a productive human life on the tables of Dr Farr, he estimates that an annual saving of £617,500 has been effected, which, at twenty-five years' purchase, amounts to £15,437,500: deducting £1,059,387 for public and private works, there remains a net gain to the comunity of £14,378,113. Without inquiring minutely into the astounding figures which are adduced, there can be no doubt that sanitary regulations in such a town as Liverpool must have a decided influence on the value of human life. As these regulations not only mainly originated with, but have been carried out by members of the medical profession, the public cannot fail to appreciate the services with practitioners of medicine confer upon them not only in the treatment, but in the prevention of disease.—*Lancet*, Aug. 22d, 1863.

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Statistics of Lithotomy.—Dr. Zett has contributed to the statistics of lithotomy the results of his practice, extending over a period of fifty-two years. He has performed the lateral operation 108 times; viz., in 103 men and 1 woman, with a fatal result in three cases only. The operation was performed three times on one man, and twice on each of two others. Seventy-three of the patients were from one to twelve years of age, and of these twenty-two were from two to four years old. Of men between thirty and seventy years old, only ten were operated on. The number of calculi extracted was 199 in 107 operations. In one case, 73 were removed; viz., 23 by extraction through urethra; 43 by incision of the urethra; one large calculus by lithotomy, and five two days later; and in another instance ten were removed. The success of M. Zett is attributed to the following circumstances; the general good health of the people; the youth of most of the patients; the absence of excessive hemorrhage and urinary infiltration; and his practice of drawing the skin to the right so as to form a covering to the wound. He also kept his patients without drink for some days before and after the operation.—*British Med. Jour.*, Jan. 17, 1863, from *Zeitschrf. für Wundärzte.*

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Urethrotomy.—It is stated (*British Med. Journ.*, Aug. 8, 1863), that of 108 cases in which Mr. Syme has performed this operation, in two only has it terminated fatally.

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Mortality in the British Army in India.—The Royal commission appointed to inquire into the mortality and diseases of the British army in India have presented their report, from which we extract the following facts:—

Taking the present century, the mortality among the Company's European troops has been 69 per 1000 per annum. The mortality is least under 20 years of age, and increases on the whole with age; being 56.4 per 1000 from 20 to 25 years of age, and 61.6 per 1000 from 40 to 45 years. At the age of 20, the expectation of life is only 17.7 years in India, as against 39.5 years at home; showing a loss to the soldier serving in India of 21.8 years. A man returning from India at 40 years of age loses, on an average, four years of life. The mean period of service in India is only 8.6 years. For every 100 men, 11 recruits are required annually. One thousand men are reduced to 96 in twenty years of service, in the following way. About 404 die; 146 are invalided; 35 buy their discharge; 90 retire from expiration of service; 10 are promoted; 197 are transferred; 18 desert; 3 disappear from other causes; and 96 remain. Half the army in India consists of men who have served less than six years; not more than one-fourth are veterans of ten years' service. Out of an army of 70,000 British in India, 5,880 men (or 8.4 per cent.) are constantly sick.—*Brit. Med. Journ.*, Aug. 1, 1863.

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Drunkenness in England.—In the year ending at Michaelmas last 94,908 persons—260 a day—were proceeded against before justices in England for drunkenness, or for being drunk and disorderly, and 63,255 of them were convicted. The great majority were only fined, but above 7,000 were committed to prison. The returns show a great increase over the previous year, for only 82,196 were then charged with drunkenness, and only 54,123 convicted. Of the persons thus charged in the last year 22,560 were females, and more than 10,000 women were convicted for being drunk. Coroners' inquests in the year 1862 found 211 verdicts of deaths from excessive drinking, 145 men and 66 women thus ended their days.—*British Med. Journ.*, Aug. 1, 1863.

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Diseased Cattle.—Prof. GAMGEE, in the last number of the *Social Science Review*, gives some interesting details respecting diseased cattle in Great Britain, which may interest our readers:—

"Before 1842, the mortality amongst farm stock in this country was slight, and did not exceed one per cent. When the importation of foreign stock was sanctioned by Parliament, cattle plagues were prevailing on the continent, and one contagious malady, the foot and mouth disease, was first introduced. It was carried to the British Isles by breeding stock as early as 1840. The lung disease reached us in 1842, and the losses led to general alarm and the institution of insurance offices. These offices have been established in large numbers as mutual and as proprietary companies; but notwithstanding that every attention was paid in preparing proper tables of premium, in starting with a very large capital, and notwithstanding the encouragement given them, they have all failed. Insurance statistics prove that the general loss over the country amongst cattle amounts sometimes to seven per cent., and at least fifty per cent. of this loss depends on imported diseases. The money loss *per annum* in the United Kingdom varies from seven to eight million sterling, and by pleuropneumonia alone stock to the value of between three and four millions is annually carried off.

"The dairy cows kept in all large towns in the United Kingdom die off at a rate varying from fifty to seventy-five per cent. *per annum.* In the city of Edinburgh, in one year, 1075 diseased animals were slaughtered out of 1800 head of cattle; of these, 971 were slaughtered as human food and ·284 sold as pigs' meat. In London alone, the money lost by disease amongst dairy stock amounts to considerably above £80,000 *per annum.* The loss amongst eighty-eight dairymen in Edinburgh amounted to not less than £12,000 in one year. The importation of foreign stock into this country has been the sole cause of the losses by the long plague, the foot and mouth disease, and the sheep pox; and the trade in diseased animals is disseminating these plagues and perpetuating them on British soil.

"The produce of diseased animals is sold all over the United Kingdom. It is only in exceptional instances that dying or dead cattle are buried. Good evidence[1] is supplied to show that this produce is inducing a large amount of disease in man; but as no one buys diseased meat or milk from choice, and is always defrauded when such material is supplied, it is evident that a check should be put on the practices of dishonest tradesmen.

"The contagious maladies might readily be prevented by stopping the admixture of diseased foreign with British stock; and by prohibiting the exposure of diseased animals in our public markets.

"Government should have a Veterinary Department in connection with the Privy Council Office, through which all information as to diseases amongst stock at home, or in the countries with which we trade, should be made available.

"All slaughter-houses should have a professional inspector to facilitate this system; no private slaughtering places should be allowed; and all town dairies should be under a rigid system of professional inspection."

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Garibaldi's Wound.—This is said to have entirely cicatrized.

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[1] On this point we must beg to differ with Professor Gamgee. What he states *may* be true, but assuredly the *good evidence* of its truth has not yet been supplied. EDITOR BRIT. MED. JOUR.

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CLINICS.

CLINICAL LECTURE.

Lectures on Vaccination.—By GRAILY HEWITT, M. D., &c. Delivered at St. Mary's Hospital Medical School. Lecture II.

GENTLEMEN: The facts brought before your notice in yesterday's lecture will have demonstrated to you the great amount of difference which exists between the protective effects of good and bad vaccination, and you will understand therefore the importance attaching to all questions connected with

THE OPERATION OF VACCINATION.

And first as to *the selection of lymph to be used in vaccinating.* There are many circumstances connected with the selection of the lymph which are capable of interfering with the success of the vaccination. If the lymph be taken too late, the products of the vaccination tend more and more towards those of common inflammation, and the specific virus does not exist in the proper degree of intensity. The operation is apt, under these circumstances, to produce vesicles, which inflame too soon, and which run an irregular course. The vesicle thus produced is termed an abortive vesicle. If the lymph used be taken from a vesicle which is in a purulent condition no proper vaccination results, but the chances are that phlegmonous inflammation of the arm will be produced. It is improper to take lymph if there be much local irritation, if the arm be very much inflamed, or if there be great constitutional disturbance. As bearing on this subject, it may be here mentioned that Mr. Henry Lee has recently called attention to an important means of distinguishing between good and bad lymph—viz., the employment of the microscope. Good lymph is perfectly clear, and contains no admixture with pus corpuscles. Such corpuscles are present, or may be present, if the lymph be bad. The fact that the fluid examined is transparent proves nothing, of course, as to its capability of producing the

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☞ *In no case is this periodical sent unless the subscription is paid in advance*

vaccine disease, for a perfectly inert fluid may possess the negative qualities in question. The criterion is, however, valuable in cases where we are about to use lymph preserved in the fluid state of the history of which we are ignorant. Syphilitic patients should be avoided, and it is better also to avoid taking lymph from cases in which there is any eruption present. There are very few cases on record the facts of which in any way support the theory that other diseases can be conveyed from individual to individual by means of the lymph, and the question can scarcely be said to be scientifically decided in the affirmative at present. While, however, it remains so undecided, it is well to be on the safe side.

Which is the best time to take the lymph? The best time to take the lymph, if the vesicle be running its proper course, is at the end of one week from the date of the vaccination—that is to say, on the day week of the vaccination, at the same hour. At this time the vesicles are usually in perfection, and contain a quantity of lymph; this time is also just that which precedes the formation of the areola. If there be a very marked areola, which has been in existence upwards of twenty-four hours, it is proper to follow the rule laid down by Mr. Marson on the subject, and to avoid taking lymph from vesicles under such circumstances. On the eighth day we ordinarily see the formation of the areola just commencing: this is the proper time to take the lymph.

What are the limitations as to the time at which lymph may be taken? Mr. Ancell strongly maintains the opinion that the lymph ought to be taken one day earlier than it usually is—that is to say, at the end of the sixth day, or during the seventh; but it is almost the universal practice to take it on the eighth. It should not certainly be taken earlier than the seventh or later than the ninth day; and it would probably save much disappointment and inconvenience to make the rule absolute, not to take lymph later than the eighth day.

In some cases there is, as was mentioned in the last lecture, what is termed "retardation" of the vesicle; and it is possible that a good deal of the inefficient and imperfect vaccination is due to perpetuation of an imperfect type of the disease, originally starting from the use of the lymph from "retarded" or "premature" vesicles. There can be no doubt that, as like tends to produce its like, so one variety of the vaccine disease perpetuates itself, and a weak form of the disease is liable to be produced where this principle is not recognized. The arm to be vaccinated from, may be a "good arm," the disease running a normal course, but it may not be a good one from which to take lymph nevertheless. This is a very important part of the question. Recently I made it my business to visit Mr. Marson's station at the Surrey Chapel, and witness his procedure: he then informed me of a circumstance very accurately illustrative of the point now under discussion. On the day of the marriage of the Prince of Wales no children were presented for vaccination at the station in question, and the following week there was consequently no means of carrying out the usual arm-to-arm vaccination, the continuity of the liquid supply being broken. Mr. Marson was thus driven to use preserved lymph to vaccinate twenty-two children on that day. The effect was, that the lymph for some time afterwards, although it took effect, did not produce such fair vesicles as before the interruption; but the interesting fact now remains to be told—viz., that by selecting the best arm of the day to vaccinate from, Mr. Marson has now worked it back again to as good a state as before. The lesson conveyed by the facts related to me by Mr. Marson is most valuable from more points of view than one.

The condition of the patient who is to be vaccinated must next be considered. What is the time at which vaccination may be performed? It may be performed during the first week after birth, or even immediately after birth; there is no practical reason against it. If smallpox be very prevalent, early vaccination should be practised; usually it is postponed till about three months after birth. As will be presently shown, there are circumstances which may render it advisable to postpone the performance of the operation a little beyond the three months, where the postponement is made for the purpose of performing the operation more efficiently. The child to be vaccinated should have no disease—no fever especially; and it is well to cure the patient of eruptions before performing vaccination. If vaccination be performed on an individual who has just been subjected to the influence of contagion of smallpox, the vaccination will have the effect of mitigating the disease which has already seized on the patient, and vaccination should be practised without a moment's delay under such circumstances. I am not quite certain that it is absolutely proved, but the facts which are on record lend very great probability to the view taken by Dr. Budd and others on the subject. "It is natural to infer," says Dr. Budd, "that if vaccination be practised immediately after the infection of smallpox is communicated, it will get the start of the smallpox, and so will have the effect of mitigating it.

Should the lymph be used fresh, or should preserved lymph be used? The exceedingly valuable results of the inquiry recently made by order of the Privy Council, as to the manner in which vaccination has been performed in certain parts of England,[1] furnish us with abundant materials for determining the advantages and disadvantages respectively of fresh and preserved lymph. This report refers to 125 unions and parishes, the facts relating to which were collected and reported on by Dr. Serton, Dr. Stevens, Dr. Sanderson, and Dr. Buchanan. It will be sufficient to examine the data afforded in one of the localities inspected. In the twenty-seven unions the field of Dr. Buchanan's observations, "vaccination was done," says that gentleman, "as follows: Nine vaccinators operated either exclusively, or nearly so, from arm to arm—(that is, using fresh lymph;)—thirty-one do the majority of their vaccinations in this way; sixty others operate usually with dry lymph, still doing some proportion from arm to arm; forty-four do all their vaccinations with preserved lymph, or rarely in any other way." Now mark the result of this: "After an examination of the cicatrices produced by the vaccinators in the four groups, it may be broadly affirmed that the average of insertion success and the average of quality, are both notably higher among the arm-to-arm vaccinators than among those who use preserved lymph; and, therefore, it is highly probable that vaccination from arm to arm conduces to good and efficient results, while vaccination with preserved lymph gives fewer scars, and is of a less protective kind." And in another passage Dr. Buchanan observes that he found a very near connection subsisting between the insertion success of the operator and the quality of the cicatrices produced by him. These are results of a widely extended inquiry, and they are confirmatory of what every private practitioner must have found to be the case—that the arm-to-arm vaccination, in which fresh lymph is used, is undoubtedly the most successful. The anecdote just referred to of Mr. Marson's experience on a very recent occasion, is strikingly corroborative of the view, that fresh has a great superiority over preserved lymph.

Mr. Marson has since kindly furnished me with further details of what occurred on the occasion in question. The twenty-two children were vaccinated in the following manner: with charged points in three places on the left arm, and with lymph from tubes in three places on the right arm. All the places of insertion from points took effect except in one child, and this took but in one place from points. The arms done from points had by far the best vesicles. Many of the arms done with lymph from tubes missed in one or two places; one missed entirely from tubes.

Finally, it must be laid down as a principle having for its sanction every conceivable support from facts, that vaccination to be thoroughly efficient, reliable, and satisfactory, must be done by the arm-to-arm method. No other mode of vaccination should be systematically practised or sanctioned, and recourse should be had to preserved lymph only on extraordinary occasions, and when circumstances are such that it is impossible to procure recent lymph.

What is the best means of preserving lymph! The ivory points and the capillary tubes—the latter introduced by Mr. Husband—are the only two methods to be recommended. The glass bottle sometimes employed is exceedingly objectionable, unless in cases where the lymph is to be used very shortly after being taken from the arm, for the lymph so kept is apt to become putrid, and serious consequences would result from vaccinating with lymph so changed. For carrying lymph from one house to another the bottle is occasionally very useful; it should not be used if more than a few hours old. The capillary tubes are not liable, with ordinary care, to the objection just referred to, and the lymph may be kept in them fluid and efficacious for a great number of years. The ivory points are most largely in use, and are economical when a large supply has to be obtained from a single arm. The chief objection to the ivory point method of preservation is the uncertainty as to insertion success by their means—a point to be presently referred to. It would appear that the tubes have a superiority over points, judging at least from the results obtained by various operators. (Mr. Marson's late experiment tended to give the points the superiority.) Whether tubes or points be employed, care must be taken in the preservation. The tubes should be small; they should be half filled [the manipulations necessary in so filling them were here practically exhibited], and the fluid shaken into the centre of the tube. Both extremities of the tube being then free from fluid, the sealing is rapidly effected in the border of the flame of a candle, the heat being applied in such a manner that the fluid is unaffected by it; for it is hardly necessary to say that by boiling, the efficacy of the lymph is utterly destroyed. Care should be taken that no blood passes into the tube.

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[1] Fourth Report of the Medical Officer to the Privy Council. Ordered by the House of Commons to be printed, April 11th, 1862.

Mode of operating.—Mr. Marson's directions on the subject are as follows: "The arm to be vaccinated should be firmly grasped by the left hand of the operator, so as to make the skin tense; then the lancet, being already charged with the lymph, should be introduced by a puncture of a valvular shape, from above downwards, so managed that the lymph at each puncture may gravitate into the wound. In this way the lymph may be introduced in five punctures, the number I recommend, from half an inch to three-fourths of an inch apart, without recharging the lancet, the skin being kept tight all the while, until enough has been introduced; care being taken that the punctures are not bruised, as too frequently happens, by an undue use of the lancet. It then matters not how much the wounds may bleed, as the bleeding will not interfere with the success of the operation."[1] Mr. Marson's method, as practised by him and by the majority of public vaccinators on a large scale, insures a very high degree of insertion success, the operation failing to take in an exceedingly small number of instances only.

Before criticizing this method of performing the operation as adapted to *all* cases and under all circumstances, let us turn for a moment to the results of Dr. Buchanan's inquiries as regards the method of operating in the country districts inspected by him. This is a better indication of what the proper method is than Mr. Marson's results, for a reason I shall presently explain. In 121 cases, Dr. Buchanan found that "eighty-eight individuals operated by puncture, drawing only a little blood; four made a deeper puncture into the true skin; five made a compound puncture for each vesicle—a number of little punctures, and close together; seventeen made a superficial abrasion over a small area of skin, and then applied the matter; and seven applied the matter along a scratch. It was found that abrasion gave the largest and most typical scars; the alveoli were best marked; and several vaccinators operated in this way whose results were models of what vaccine scars should be. Moreover, the numerical success was very great. Some cicatrices were very good, and some very bad, and it seemed to be of more consequence to this method of operating whether the lymph were fresh or preserved. The deep punctures failed comparatively often." Dr. Buchanan found that the insertion success of different operators varied as much as from 0.40 to 0.72 and 0.84. There was thus a remarkable difference subsisting between the insertion success of different operators: some operators succeeding in producing a vesicle in eighty-four out of every hundred of the punctures, others succeeding only in forty-two out of every hundred. It is a matter of exceeding importance that the operation should be performed in such a manner as to insure a high insertion success, numerically speaking. Once the child has been vaccinated, if the vaccination have taken at all, the operation is at an end, and the individual remains afterwards with the degree of protection afforded by the first vaccination, whatever that may be. A child in whom, for instance, the arm has taken in one place, remains protected only to that extent, and it is not possible subsequently (except very rarely) to confer a greater degree of protection by a better vaccination. The arm will not "take" again in the regular way.

Hence it becomes a very interesting question, why is it that one operation succeeds better than another. In the first place, it is to be remarked that there is a great difference between the results of public and private operations. This depends, first of all, upon the larger number of cases which public operators have, and the fact that they almost always use fresh lymph, of which they have a plentiful supply. Further, the frequent practice of the operation imparts facility and dexterity in its performance. Private practitioners have frequently to use preserved lymph, and they have to perform the operation not rarely under certain other disadvantageous circumstances.

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[1] Marson, Med.-Chir. Transactions, vol. xxxvi.

On the whole, it appears desirable to recommend to you the adoption of the following method, as one most likely to insure a large percentage of insertion success. A very sharp lancet should be used; it should be perfectly clean and free from rust. The arm being grasped so as to tighten the skin, and the lancet well charged with lymph, a series of four very minute punctures are to be made very close together, the lancet being held in a somewhat oblique direction. These four punctures are so close together as to leave an almost imperceptible space between them, and it is intended to produce one vesicle only by the four punctures. Five or six sets of punctures should be made, according as it is deemed advisable to produce five or six scars, and it is a matter of indifference whether one arm or both arms be operated on. The object of making four minute punctures for each scar is to insure the introduction of the lymph, and to increase the probability of insertion success. The lancet should be recharged before making each of the sets of punctures. The punctures should go just deep enough to draw blood. The operation should be performed, not quickly, but deliberately, as this will give more time for the lymph to run from the lancet into the minute wounds thus made. I believe that this is the best method to be recommended to you as beginners, and that in this way a good insertion success may be secured. Another good method is to slightly abrade the surface by means of the lancet used, just as an eraser is used, or to scratch the skin by the point of the lancet, afterwards rubbing in the lymph by means of the lancet handle. Weir's instrument is specially adapted for the scratching operation. Spratly's instrument is a lancet with a groove on one side to facilitate the running of the lymph into the wound; it is highly spoken of by some operators.

In order to charge the lancet, the surface of the vesicle is to be slit up or pricked in several places; the epidermis only is to be cut, and no blood should be drawn. The lymph then runs out, collects in drops on the surface, and the lancet is charged by dipping the point in the lymph so exuded. If you attend, as you should do, for further instruction at one of the public vaccination stations of the metropolis, you will find that the vaccinations are there performed with remarkable rapidity; but this rapidity of performance is not to be recommended to beginners. Until you have had some experience in vaccination, you will fail comparatively often by vaccinating in the rapid and more ordinary method. One method is not the best for all operators. The best method is that which each individual operator finds to succeed the best, and in which he has acquired the necessary dexterity.

If lymph preserved in capillary tubes be employed, the ends of the tube are broken off, and the contents of the tube blown out for use on the back of a knife or lancet, and the operating instrument is then charged as usual. If points be used, one should be employed for each spot of insertion. The ivory point is dipped for a moment in water, and placed on the edge of a book for a couple of minutes or so, in order to moisten the dried lymph, and it is then inserted into an incision made by the lancet in the skin. It should be held in the wound for a minute or two longer. A plan found to answer well in some cases is to raise the epidermis by means of a minute blister applied some hours previously in several places, and to insert the ivory point beneath the raised epidermis.

Inspection of the arm subsequently.—It should be made a rule to inspect the arm on the eighth day, and the results of this inspection should be accurately registered; otherwise cases in which vaccination does not take, may, through ignorance on the part of the mother, remain really unvaccinated, and consequently unprotected. It is hardly necessary to remark that the arm must be protected from rubbing,[1] from irritation, or other injurious influence, while the disease is in progress; and the febrile disturbance, when excessive, requires to be met by appropriate remedies. Under all circumstances, a case of vaccination requires careful watching.

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[1] In the case of an adult recently revaccinated I have reason to know that neglect of these simple precautions resulted in inflammation of the arm of a troublesome and even alarming nature.

The causes of the late apparent failure of vaccination.—It will be well to devote a short space to the consideration of the apparent failure of vaccination as protective from smallpox. The epidemic of smallpox with which we have just been visited, and which has affected so many districts of the metropolis, has given rise to much alarm, and to a certain amount of distrust as to the protective power of vaccination. Why is it that vaccination has apparently failed in its object? In the first place, there is an absence of vaccination, numerically speaking. A number of individuals are not vaccinated at all. There is a tendency in the mind of the public to become apathetic on the subject. Smallpox having ceased to ravage the country to that dreadful extent which was formerly the case, the dread of smallpox has become in a manner quieted, and vaccination has been consequently less attended to. Something also must be set down to the direct opposition vaccination has met with in certain quarters. It is only two or three years since that a medical man, in his place in Parliament, made it his business, from session to session, to preach against vaccination. His speeches, which appeared from day to day in the journals and were read by numbers of individuals, doubtless had no inconsiderable effect in inducing many to believe in the statements made as to the injurious effects of vaccination. Many who read these speeches, it must be recollected, had not Mr. Simon's Blue Book at hand as a corrective. The numerical deficiency of vaccination depends upon a variety of causes, which it is not difficult to trace; and under these circumstances it becomes certainly the duty of the Government to enforce the universal practice of vaccination, as well as an efficient performance of the operation. The supervision of the performance of vaccination is at present intrusted to the guardians of parishes; but this system is evidently a very defective one, and it is not in the nature of things that vaccination can be fully and extensively carried out unless under the direction and rigid superintendence of some one body intrusted with ample powers for enforcing attention to rules and regulations. Amongst other things, it is absolutely essential that a more liberal remuneration be given to those on whom the arduous task falls of performing vaccination on the children of the poorer classes of the community.

The presence of large numbers of absolutely unprotected individuals is undoubtedly the great and the chief cause of the prevalence of smallpox; but the defective character of the vaccination in many cases is an element in the consideration also of some considerable importance. The badness of the vaccination in vaccinated individuals arises from a variety of causes. It is to be feared that the lymph is badly chosen in many cases, taken too soon or too late, or taken from vesicles which are not good vesicles. It is far too generally believed that these are matters of no consequence. In the next place there is the want of arm-to-arm vaccination. The results of the observations as to the difference of the insertion success with fresh and preserved lymph made by Dr. Buchanan, and to which attention has been already directed, are very remarkable, and strikingly exhibit the necessity for a systematic arm-to-arm vaccination. Preserved lymph should be used, as already remarked, only exceptionally. The practice should be to vaccinate from arm to arm. Another element in "bad" vaccination is "smallness of the number of takings." It is too generally surmised that to make the vaccination take in one or two places is enough. The observations of Mr. Marson and others bearing on this question, and which have been related to you conclusively demonstrate the erroneousness of this impression.

The practical difficulties encountered in vaccinating affect materially the result of the vaccination. We are frequently obliged to postpone vaccination from the unfitness of the recipient. Sometimes the operation has to be repeated more than once before it can be made to succeed. Then the results have to be watched, and cases in which the vaccination has not succeeded sometimes do not a second time come under observation.

In the next place, a continuous succession of good lymph is exceedingly difficult to maintain, especially in the case of private practitioners, and practitioners who have not a large number of cases to deal with. In order to obviate these latter difficulties, it is proper to recommend that vaccinations should be performed at certain times of the year, twice or three times, where the number of cases to be vaccinated annually is small. Unless the number of cases be considerable, weekly vaccination is not advisable, inasmuch as it is difficult to maintain the supply of lymph in this manner.

One supposed cause of defective power of protection in vaccination as at present practised is deterioration of the lymph, which has now been used for many years, and excepting a few instances, without recurrence to the original source. Statistics adducible on the subject certainly appear to prove that the lymph is not so efficacious as it used to be. The present vaccine vesicle is not such an intense form of disease as it was some years ago. Data respecting it will be found in Mr. Simon's work, as also in an able pamphlet on "Smallpox and Vaccination" published more recently by Dr. Collinson, and hence, in the opinion of many, it is desirable to employ a new lymph as a substitute for that generally used at the present time. As one out of several causes tending to impair the protective power of the vaccination, this question is one deserving the practical attention of the profession, and particularly in connection with the discredit into which bad lymph is liable to bring vaccination in the public eye. It is hardly necessary to observe that it would be absurd to suppose that the general use of a new lymph would by itself be enough to meet the present evil.

It is not too much to expect that the time will come when deaths from smallpox will be reckoned among the medical curiosities of the day; but in order that this desirable consummation may be arrived at, the practice of vaccination must be universal. There can be no doubt that the profession individually are desirous of lending their best assistance in carrying out an efficient system of vaccination; but individual efforts extend only to limited areas, and there is required a central regulating supervision of the whole population in regard to vaccination, in order to secure for the community the inestimable advantages of that protection from smallpox which vaccination offers.—*Lancet*, June 27, 1863.

HOSPITAL NOTES AND GLEANINGS.

Whooping Cough treated with Bromide of Ammonium.—Of the various diseases submitted to the treatment by Dr. Gibb with the bromide of ammonium in 1862, whooping-cough was included amongst the number, and some twenty-two children were mostly cured by its administration alone at the West London Hospital. Since June last a certain number have been also treated at the Westminster Hospital, of which the following is a short summary:—

Case 1.—Henry D——, aged seven, had whooped for two weeks, preceded by catarrh for ten days. The cough was so severe and the spasms were so prolonged that his mother stated he had been nearly choked several times. They occurred every hour, more frequently towards night. Four grains of the bromide of ammonium were ordered three times a day. At the next visit the cough was better and the whoop less frequent, the spasms also were not so severe nor so frequent. At the third visit (seventh day of treatment) the whoop had ceased, the spasms had degenerated into a mild cough, and the pertussal nature of the disease had changed. He was now put on an ipecacuan mixture, which dispelled the cough in a few days, and she was cured.

Case 2.—Sarah D——, aged two years and a half, sister of the above, the symptoms being similar, and commencing at the same period. She was ordered two-grain doses of the bromide thrice a day in a drachm of water. The whoop ceased sooner than in her brother, and she was well a week earlier, and convalesced more rapidly.

Case 3.—Thomas C——, aged four, first applied on the 24th of June. He has had pertussis three weeks, with a whoop for ten days. The spasms were extremely violent, frequent, and prolonged, and were followed by hemorrhage from the eyes and nose. The ocular conjunctivæ were red and chemosed from effused blood. One-grain doses of the bromide were given thrice a day in two drachms of aromatic mixture. All the active symptoms had subsided in three weeks, and the hemorrhage ceased. He was then put on quinine and iron, and quickly convalesced.

Case 4.—Margaret H——, aged fourteen months. She has had pertussis four weeks with a whoop for sixteen days. The symptoms were mild. Four grains of the bromide were ordered thrice a day in peppermint water. On the seventh day the cough was very much better, with little or no expectoration. She had whooped but

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[1] London: Hatchard and Co. 1860.

once since taking the medicine. On the twenty-first day the whoop had gone, there was but little cough, and no expectoration. Her mother said "she had got on beautifully."

Case 5.—Caroline O———, aged fourteen months. Had had pertussis one month, with the general symptoms mild, as in the preceding case. She was ordered three grains of the bromide in a drachm of ipecacuan mixture, and so quickly recovered that her mother did not think it worth while to bring her again after the second visit.

Case 6.—Maria R———, aged four years. Ill six weeks with catarrh and whoop, the spasms being extremely frequent and very distressing. She was ordered six grains of the bromide thrice a day in peppermint water. This patient was very delicate, and, although the whoop slowly diminished, the cough remained persistent for some weeks, requiring other treatment to effect a cure, especially cod-liver oil.

Case 7.—Ann R———, aged two years, sister of the above patient, with similar symptoms and equal duration of the pertussal complaint, was treated with half the dose of the bromide given to her sister. She improved more satisfactorily and much quicker, being comparatively well in three weeks.

Case 8.—George A———, aged thirteen months. Had had pertussis two months. He was put on two-grain doses of the bromide three times a day. The whoop (not very frequent) ceased in twenty-four hours, and the spasms diminished in frequency and severity. The conclusion of the case was not known, as the mother ceased to attend.

Case 9.—Ann M———, aged fifteen months. Ill with pertussis three weeks; and when first seen she was suffering with pain in the belly, was constantly moaning, and had some pneumonia of one lung. The whoop was not then frequent. She took three grains of the bromide of ammonium in a drachm of ipecacuan mixture four times a day, and was ordered a jacket poultice of linseed meal. She improved, and was better at the two next visits, and was then lost sight of.

Case 10.—Henry B———, aged one year and five months. Had whooped one week only, and had the disease mildly. He was ordered three grains of the bromide in a drachm of ipecacuan mixture thrice a day, and in a week he was quite well.

Case 11.—Emma Amelia S———, aged three years and eight months. Had had pertussis two weeks; she raved at night, and was feverish; the spasms occurred every two hours, and were so severe that, as her mother said, "she turned black in the face." Ordered four grains of the bromide in two drachms of water three times a day; with rhubarb, soda, and gray powder at night. She was better at the next visit, and then ceased to attend; whether she was cured or not is therefore uncertain.

In some clinical remarks made by Dr. Gibb, he stated that the foregoing cases were a few only that he had kept note of, as showing the value of the bromide of ammonium in whooping cough; and in some cases the results were satisfactory enough. If the little patients had been treated within the hospital wards, and carefully watched, the general results might have been more to be depended on; for although the children had mostly got well as out-door patients, yet they were liable to a recurrence of the disease on any unfavourable change of the weather, the result of their general exposure. Judging from his experience in these cases, and those also at the West London Hospital, he would say that whooping-cough, even in very bad cases, could be readily cured by the new salt of bromine; but, like many other remedies, it could not be expected to cure the disease invariably. Learning from experience the effects of the salt upon the mucous membrane of the entire body, but more especially of the upper respiratory tract, he thought that whooping-cough was one of those diseases that ought to be submitted to its influence, and in the general results he was not disappointed. As a permanent remedy, he had more faith in the dilute nitric acid given in pure syrup, when combined with topical application to the larynx of a solution of nitrate of silver; but as others had either found it useless or had not given it a trial, it was but right that other agents capable of curing the disease should be made known, and one of these was bromide of ammonium.

With regard to the dose: for infants, two or three grains three times a day are enough; to older children from four to eight grains may be given, and in some cases, where the symptoms are remarkably severe, even ten grains. The simpler the vehicle the better, but if there is a tendency to bronchial or pneumonic inflammation it should be combined with either a mixture or the wine of ipecacuan.

The special nervous symptoms seem to be more under the control of the drug than the catarrhal, for the spasms diminish in frequency and severity, and consequently the whoop is not so often heard, showing a subsidence of the active symptoms. *Pari passu*, the cure is not more speedy than from the dilute nitric acid in uncomplicated cases; nevertheless, it is worthy of a more extended trial, especially in severe and obstinate cases.—*Lancet*, Sept. 26, 1863.

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Neuralgia treated with Solution of Morphia in Tincture of Iodine.—As a corollary to his remarks on the efficacy of tincture of iodine in the treatment of neuralgia, M. Bouchut adduced several cases from which it appears that when the remedy in its pure state has proved unavailing, the pain sometimes yields in a remarkable manner, when a certain amount of morphia has been added to the tincture. In this instance the application is not merely counter-irritant, indeed in this respect the fluid would seem to have lost some of its power; its efficacy is chiefly due to the presence of the sedative, the introduction of which beneath the epidermis is facilitated by the tincture of iodine. Whatever explanation may be offered of the effects of this mode of treatment, its beneficial operation is an unquestionable fact, deserving of every attention. Thus, we noticed in M. Bouchut's wards, a little girl, who, while recovering from typhoid, became affected with neuralgia of the forehead and temple; pure tincture of iodine failed in relieving the pain; M. Bouchut ordered the brow to be painted over three times a day with a solution of half a drachm of sulphate of morphia in half an ounce of tincture of iodine, and a cure was effected in the course of three days. The Professor adopted the same method of treatment in the case of a lady, aged 52, suffering from interscapular neuralgia, symptomatic of chronic pulmonary disease. Neither pneumothorax nor acute pleurisy were present; the pain was entirely caused by neuralgia of the second pair of intercostal nerves, and was especially intense in the neighbourhood of the sternum and along the edge of the scapula. Morning and evening the sedative tincture was applied to these regions, and on the second day amendment set in, and the neuralgia was altogether removed on the fourth day.—*Dublin Med. Press*, Sept. 30, 1863, from *Journ. de Méd.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Minie Rifle Ball entering the Abdomen and escaping by the Rectum.—Dr. FRANK H. HAMILTON records (*Am. Med. Times*, Oct. 17, 1863), the following example of this:—

On the twenty-ninth of March, 1863, I saw, in Hospital No. 8, at Louisville, Ky., Corporal John I. English, of the 5th Indiana Battery, who was wounded at Murfreesboro, on the thirty-first of December, 1862, by a conical ball, which entered just below and in front of the anterior superior spinous process of the ilium, on the left side. The ball escaped from the rectum on the fortieth day.

When I saw Corporal English he was in bed; the wound in front had closed, but matter continued to discharge by the rectum. His bowels were regular; but he was obliged to urinate often, and urination was attended with some pain. His health was steadily improving, and there was but little reason to doubt his final and complete recovery. The ball, which he showed me, was a little battered.

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Pennsylvania Hospital.—Dr. WM. HUNT has been elected one of the surgeons of this Institution to fill the vacancy caused by the resignation of Dr. Norris. The appointment is generally regarded as a very judicious one.

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Medical Classes in Philadelphia.—The session in our Medical Colleges opened on Monday, Oct. 12th. The number of students in attendance is, we are informed, much larger than it was last year or the year before.

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Massachusetts Medical Society.—The annual meeting of this Society was held at Pittsfield on the 17th of June.

The following officers were chosen for the ensuing year:—

President.—Dr. Josiah Bartlett, of Concord. *Vice-President.*—Dr. Ebenezer Alden, of Randolph. *Corresponding Secretary.*—Dr. B. E. Cotting, of Roxbury.

Recording Secretary —Dr. W. W. Morland, of Boston. *Treasurer.*—Dr. Francis Minot, of Boston. *Librarian.*—Dr. W. E. Coale, of Boston. *Orator.*—Dr. J. Mason Warren, of Boston. *Anniversary Chairman.*—Dr. H. J. Bigelow, of Boston. *Committee of Arrangements* —Drs. W. E. Coale, Ezra Palmer, W. E. Townsend, Anson Hooker, and Francis Minot.—*Boston Med. and Surg. Jl.*, June 25, 1863.

Chicago Medical College.—The title of the Medical Department of Lind University has been changed to that of Chicago Medical College. A new building was in progress of erection for it, which is now probably completed.

OBITUARY RECORD.—It is with deep regret that we find in the *Boston Journal* the announcement of the death, by apoplexy, of our old friend Dr. Geo. Hayward. Dr. H. was one of the oldest and ablest surgeons of Boston, and a most hospitable, public-spirited, and high-minded gentleman. He was always foremost in aiding all useful objects, and his death will be a severe loss to the city of Boston and to the profession of this country.

FOREIGN INTELLIGENCE.

Perchloride of Iron as a Hæmostatic.—The *Antwerp Journal* states that perchloride of iron combined with collodion is a good hæmostatic in the case of wounds, the bites of leeches, &c. To prepare it, one part of crystallized perchloride of iron is mixed with six parts of collodion. The perchloride of iron should be added gradually and with care, otherwise such a quantity of heat will be generated as to cause the collodion to boil. The composition when well made is of a yellowish-red colour, perfectly limpid, and produces on the skin a yellow pellicle, which retains great elasticity.—*Lancet*, Sept. 26, 1863.

Contagiousness of Typhoid Fever.—M. HENRI GINTRAC, of Bordeaux, in a memoir read before the Imperial Academy of Medicine (July 28th, 1863), expresses the conviction that under certain still unknown circumstances, typhoid fever is contagious; and he gives an account of an epidemic of this disease which prevailed at Gabarnac, where the affection was evidently propagated by contagion; it was successively communicated to twenty-two persons. In one case an infant took the disease from its wet-nurse; the child was sent to a new nurse at a distance and communicated the disease to the latter.—*Revue de Thérapeut. Medico-Chirurg.*, 15th Aug. 1863.

Exophthalmia.—A brilliant success in the way of operative surgery has lately been achieved by M. Maisonneuve at the Hôtel Dieu. A patient presented himself in July with symptoms of exophthalmia, which he had stated commenced a year previously, and had been progressing steadily. The ocular protrusion advanced until the organ was completely ejected from its socket, and vision entirly lost. M. Maisonneuve, convinced that the cause of the deformity was an exostosis springing from the inner wall of the orbit, by means of a V-shaped incision, the point of which lay upwards and on the middle line, entered the orbit, and, pushing aside the soft parts, reached the bony mass. This with some difficulty was removed by means of powerful forceps, and the protruded organ replaced into its natural cavity. The tumour which sprang from the ethmoid bone, proved to be as dense and hard as ivory, ovoid in form, and three ounces in weight. The patient recovered without a bad symptom, and, strange to say, eyesight and the power of moving the globe have completely returned. "But for the slight scar on the forehead," says M. Maisonneuve in his report to the Academy of Sciences, "no one would suspect what has occurred."—*Lancet*, Oct. 10, 1863.

Euterotomy.—DR. REALI relates the following case: A countryman of limited capacity had introduced a piece of wood into the rectum nine days before he applied to the Hospital of Orvieto, complaining of severe pain in the abdomen. On exploration the finger was able only just to reach the point of a piece of wood lying surrounded by the turgid mucous membrane in the direction of the hollow of the sacrum. Numerous attempts were made with various instruments to extract the foreign body without success, and, as the patient suffered greatly, an incision was made in the left iliac region. The finger having been introduced, it was found that the foreign body, having passed into the sigmoid flexure, this latter was distended, and forced to the mesial line, the body it contained rising as high as the navel. The intestinal wall was incised, and a truncated cone of chestnut wood (irregularly shaped, and measuring twenty-five centimetres in length, and from nine to ten in diameter) was removed. The wound in the intestine was closed by Jobert's procedure, and oily purgatives were administered. Great meteorism, entero-peritonitis, and an iliac abscess were among the sequelæ; but the patient recovered, and remained well when seen two years afterwards.—*Med. Times and Gaz.*, August 1, 1863.

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Strangury from Cantharides.—Dr. Amuille, of Paris, extols the method of treatment introduced by Dr. Mulock, of Dublin, for the cure of strangury from cantharides. This consists in giving liquor potassa, in doses of half a drachm, in gruel or flaxseed tea, every hour. Dr. A. says that he never finds more than two or three doses required to effect a cure.

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Cinchona Bark from India.—At a late meeting of the Linnæan Society, Mr. Howard exhibited specimens of cinchona bark sent from India. By analysis this bark has been ascertained to contain a percentage of quinine and the other febrifuge alkaloids fully equal to bark of the same species grown in South America. This is of great importance, as the gradual but certain destruction of the cinchona forests of America has been of late a subject of much anxiety.

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Syphilis communicated through means of a Catheter.—Dr. Fournié has related to the Academy of Medicine a case of transmission of syphilis through the means of a catheter used for the catheterization of the Eustachian tube. M. Ricord also saw the case, and gives the same view of it. He added the following startling remarks. "This is the fifth syphilitic patient whom I have seen come out of the hands of Dr.——— (the Eustachian-tube doctor); one of the five was a married woman. All of them had been catheterized a short time before the disease appeared, which it did in the nasal fossa or the back of the throat. Being convinced that Dr.——— introduced poisoned and dirty catheters into the nasal fossæ of his patients, I got a mutual friend to give him a hint; but he does not seem to have taken it." Dr. Fournié details the case at length, so as to bring the cause of the syphilis pretty clearly home to the nasal catheter.—*British Med. Journ.*, July 25, 1863.

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Bdellatomy.—The snipping off the tail of a leech engaged in sucking human blood, in order to let the blood run out of him, and so increase his powers of drawing blood, is an old and well-known operation; but it has two objections, and has never found its way into common every-day practice. It is only of partial utility, and destroys the leech. Dr. Julius Beer of Berlin has recently taken up the subject in a more scientific manner, and now proposes, as an excellent and useful practice, what he calls bdellatomy—*Anglicè*, leech-cutting. The leech is to be cut into scientifically at the lower part of the abdomen, in a somewhat transverse direction. In this way is opened the most posterior of the blind appendices of the intestinal canal, of which the leech has ten or twelve; and a free passage is made for the escape of the blood which the leech is sucking. In this way, one leech (bdellatomized) may be made to serve the purpose of several leeches used in the ordinary way. Dr. Beer especially calls attention to the advantage in the case of children, in diseases of the uterus and of the eye. He lays especial force on the advantages of the method in the latter case; *bdellatomia ophthalmotherapeutica* he calls the treatment. The operation does not appear to interfere with the due performance of his medical duties by the leech; and Dr. Beer says that one such leech generally does all that is wanted. When such a leech is removed from the place where he is sucking, he will take hold at another place; and so on again and again. Dr. Beer says that he has had leeches, thus prepared, who for six days running performed their duties in this way, passing off the blood either through the original wound or through a freshly made one. He measures the quantity of blood obtained by letting the tail end of the leech hang in a glass containing distilled water. Three objects are gained by this method, he tells us: 1. Humanity suffers less; 2. Economy is promoted; and 3. Precision is introduced into the art of local blood-letting.—*British Med. Journ.*, Aug. 22d, 1863.

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Physiological Effects of Sulphuret of Carbon.—Dr. Delpech, a Professor of the

School of Medicine, has recently published some important observations on the evil effects of the sulphuret of carbon and other noxious substances employed in certain trades. Sulphuret of carbon is a transparent, exceedingly fluid, and highly volatile liquid, possessing a characteristic and disagreeable smell; it is one of the most dangerous substances known in chemistry, but unfortunately also one of the most useful. Its chief property is that of dissolving India-rubber with the greatest ease, whence it follows that it is extensively used in the factories where that substance is blown into bladders for various purposes. The vulcanization of India-rubber—that is, the operation by which it acquires the valuable property of increased elasticity and insensibility to a degree of heat which it otherwise could not bear, is chiefly effected by sulphuret of carbon, aided by chloride of sulphur, although it might be equally obtained in certain cases by sulphur alone. But the men engaged in this work are exposed to the effluvia of the sulphuret, which in a short time causes headache, vertigo, and an over-excitement of the nervous system. The patient talks with great volubility, sings incoherently, or laughs immoderately, or else hides himself and weeps. This state may even lead to lunacy, and at all events will cause obtuseness and imbecility. To obviate these serious effects, Dr. Delpech recommends a glass screen to be placed between the workman and his table, leaving two holes for the hands and arms; these also are to be protected by ample sleeves of waterproof stuff. Another hole is to be left for the nozzle of the bellows which they use to blow the India-rubber into balls. These precautions, Dr. Delpech thinks, ought to be enforced by the authorities.—*Med. Times and Gaz.*, Oct. 3, 1863.

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Smallpox and Vaccination.—Dr. LETHEBY refers in his recent quarterly report on the Sanitary Condition of London, to the recent outbreak of smallpox, and to the increase of scarlatina. He remarks that these sudden and severe outbursts of zymotic disease show that the force of these maladies is not exhausted by sanitary measures, but only kept in check; and that when occasion serves, as in this instance, by the neglect of proper precautions, the force manifests itself with all its original vigour. In the case of smallpox, which has twice appeared among us in an epidemic form during the last three years, it is evident that the disease has acquired the mastery through a disregard of proper and effective vaccination. A sort of vaccination has, no doubt, been performed, and a false confidence has been placed in its protective power, but it has utterly failed to ward off the attacks of the disease, or even to modify its severity. In the course of this and the former epidemic of 1859–60 he had caused inquiries to be made into the particulars of 508 cases of the disease, 108 of which were fatal; and he was told that in 323 of these vaccination had been performed in infancy, and that the operation had taken well. He had had no opportunity of ascertaining whether, in these cases, the evidences of successful vaccination still remained upon the arm; but he had no doubt that in a large proportion of them the operation was done in an imperfect manner; it was merely a formal act; the arm was punctured and the wound touched with lymph that had no power in it, and there was an end of the matter. In all probability the case was never seen again, and as there was a little irritation, or perhaps a false vesicle, upon the arm, it was thought that the operation was successful and complete. This is the danger, for it afforded no protection to the patient. Again, he ascertained that 114 of the cases had not been vaccinated at all, and of these 44 died. This is the usual mortality. Mr. Marson, the resident surgeon of the Smallpox and Vaccination Hospital at Highgàte, had stated that in the course of his large experience he found that when smallpox attacked persons who had not been vaccinated it killed 36 per cent. of them—that is, one in every three died; but when vaccination had been performed, the death-rate of those attacked by the disease fell to 6.76 per cent., or to one in every 15. And, more remarkable still, he found that the protective power of vaccination was in proportion to the way in which it had been done. If after the operation there remained permanently on the arm but one scar or cicatrix, the mortality from the disease was 7.57 per cent.; if two scars, 4.13 per cent., if three, 1.85 per cent.; and if four scars, not one in a hundred died, the mortality being only 0.74 per cent. But then, again, not all who have been merely cut in the arm, and, as they think, vaccinated, are protected; for though the operation may have been done in infancy, if no scar remains, 22 per cent. will die if they catch the disease. It is the remaining scars, therefore, upon the arm which tell of the success of the operation, and of the protective power of it. And not alone does it save from death when the disease has come, but it is far more powerful in keeping off the disease altogether. With these facts—and they have been before us for many years—is it not strange that some more effective measures are not taken, even by the people themselves, for the universal and proper performance of vaccination? It would seem that there is a feeling of carelessness about the necessity for the operation, and even when it is done no pains are taken to ascertain if it has been successful or not. There is manifestly wanted a means of determining what relation exists between the number of children born and the number of successful operations. There is also wanted a better means of insuring and maintaining the power of vaccine lymph. At present it is more than doubtful whether the processes adopted for the preservation of the lymph are not all imperfect; and, seeing how much more successful is the operation when performed with lymph taken at once from the ripe vesicle upon the arm, and not from dried points or capillary tubes, it is an important question whether in every large town, where it is so easy to keep up a constant succession of cases, this should not be the invariable method of performing the operation. To this end the number of vaccinators should be reduced as far as possible, and it should be the task of one or two officers to perform this duty for a large district. The advantage of such an arrangement would not only be in the perfect conservation of the lymph, but also in the proper performance of the operation; for, although it seems but a very simple affair, it really requires a great amount of skill and experience to insure its success. These observations are forced on us by a contemplation of the frightful effects which these epidemics occasion; and it is only while the force of the disease is in action, and the danger is imminent, that the public can be brought to regard the matter in a proper light and with sufficient attention. Therefore it was he had brought it so prominently under notice. Dr. Letheby further adds that the inquiries which he had instituted showed how terribly the disease spreads in the crowded districts when it once gets a footing. He knew instances of every member of the family being stricken with it, and of from five to thirteen persons in a house being affected. He mentioned Blue Hart-court, Golden Lion-court, Elliott's-court, Turner's-square, and New-street, Cloth-fair, as examples where the disease had so prevailed. All these, he says, are places where the poor are congregated, and where the habits of the people are not cleanly.—*Lancet*, Aug. 15, 1863.

Death-Rate in Smallpox.—Mr. MARSON, the resident surgeon of the Smallpox and Vaccination Hospital at Highgate, states that of unvaccinated persons who are attacked 36 per cent. die, whilst of those attacked after vaccination the mortality is 6.76 per cent., or 1 in 15. And, further, that if after the operation there remains permanently on the arm but one scar, the mortality is 7.57 per cent.; if two scars, 4.13 per cent.; if three, 1.85 per cent.; and if four scars remain the mortality is reduced to 0.74 per cent. Facts like these, backed by the experience of a man like Mr. Marson, ought surely to be sufficient to silence, if not to convince, the rabid opponents of vaccination. We should have been glad to learn from a gentleman of the unusual experience of Mr. Marson the influence which revaccination exercises upon the occurrence and fatality of smallpox. What is the real influence of secondary vaccination? At what period should it be performed? Is it necessary immediately after puberty or at the termination of every seventh year? These are questions of vital import, and no doubt Mr. Marson will feel it his duty to give an answer to them. Without anticipating his reply, we may state that in a practice of no inconsiderable extent not a single case of smallpox has occurred after revaccination. There is no question in which the public are interested that has a more important bearing upon the general welfare than this. There is none, probably, upon which there is a greater diversity of opinion. The records of the Smallpox Hospital, we think, ought to afford something like a satisfactory answer. It would be greatly conducive to a settlement of this question if Mr. Marson would state his experience upon this point. No man is more competent by his long experience, and by the unbiased judgment which he can give upon such a matter, to relieve the anxiety of the public upon a disputed question than the highly respected resident surgeon of the Smallpox and Vaccination Hospital.—*Lancet*, Aug. 15, 1863.

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The Sanitary State of the British Army in India.—The Royal Commission appointed in 1859 to investigate the sanitary state of the British Army in India has made a most searching and comprehensive report. The *British Medical Journal* (July 18, 1863) in commenting on this document very candidly observes: "We have hitherto held India at a cost of European life which it is shocking to think of, since it has been mainly due to the neglect of the commonest precautions if the report be true.

"We had more than 90,000 soldiers in India in the year 1860, and more than 80,000 in the year 1861. The great majority of these are picked men in the prime of life, and the mortality of men of the same age in the healthy parts of England and Wales is at the rate of 8 in 1,000. In great towns and cities subjected to unfavourable conditions of health the rate varies from 9 to 12 in 1,000. There is no apparent reason why the mortality of our army at home in time of peace should exceed from 8 to 10 in 1,000. Until recently, however, it was no less than 17 in 1,000, though it is "now declining in proportion as the causes of disease are abolished or mitigated, and has already sunk to about 10." But this exaggerated death-rate of 17 per 1,000 must not only be doubled, but quadrupled, before it can be compared with the Indian standard. In one year, indeed—1852—it was as low as 41, but the general range has been from 58 to 80, 90, or 100. It was actually as high as 134 in 1804, during the first Mahratta war; averaged 85 from 1800 to 1829, and has stood at 69 for the whole of the present century. It is now a little below this, but the Commissioners consider that there has been little variation since our first occupation of the country. The inference is obvious, though it is so appalling as to be hardly credible. "Besides deaths by natural causes," which would be represented by 9 in 1,000 "60 *head per* 1,000 *of our troops perish in India annually.* It is at that expense that we have held dominion there for a century; a company out of very regiment has been sacrificed there every twenty months. These companies fade away in the prime of life, leave few children, and have to be replaced at great cost by successive shiploads of recruits."

And next comes the grand question—what is the reason of this frightful loss of life, and how far is it preventable? To this the Commissioners answer, that it is not solely or mainly the climate which decimates our army. "Endemic diseases," and particularly fevers, diarrhœa, dysentery, cholera, and disorders of the liver, occasion by far the larger proportions of the mortality. Malaria, and the joint agency of heat, moisture, and rapid changes of temperature predispose the constitution to these diseases, but it is the open neglect of sanitary laws which gives them their deadly virulence. The stations have generally been selected without reference to health, and often occupy low, damp, and undrained situations. The towns and bazaars in their immediate vicinity teem with every nuisance that can breed pestilence under a tropical sun. An utter want of drainage, an impure water supply, defects in building and ventilation, imperfect means of ablution and cooking, and a bad system of barrack and hospital arrangements, combine to aggravate the effects of atmospheric conditions. Intemperance, sedentary habits, *ennui*, and self-indulgence fill up the list of the circumstances to which the Commissioners primarily attribute the excessive sickliness of our troops, and by comparison with these they consider the influence of climate "altogether secondary." The proof of this lies, not only in the express testimony of medical authorities on these points, but in the returns of mortality among officers and civilians, as well as among private soldiers, at those few stations where the evils pointed out have been partially corrected. Here the death-rate is no more than 20 in 1,000, and if the same improvement could be brought about, as it well might, all over India, 1,460, instead of 5,307 recruits would suffice to fill up the death vacancies in the proposed establishment of 73,000 men.

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Ventilation of Hospital Wards.—The following ingenious method of admitting a continuous supply of pure air around each bed in a sick ward has been found very beneficial in the hospital at Hobart Town, Tasmania, and is being adopted in other similar institutions in Australia. We quote from a letter of Dr. Swarbeck Hall, who suggested the plan, which has been successfully carried out by Dr. Smart, the medical officer of the hospital:—

"The space beneath the floor of the ward has been converted into an isolated fresh-air chamber, supplied abundantly with external air by a large guarded aperture in the wall, and regulated by a pulley door. The pulley chain will be under the charge of the nurse inside the ward, and, by graduated hooks, the admission of fresh air can be increased or diminished systematically. Each bed is elevated on a wide box platform about six inches high, and so much wider than the bedstead as to allow a convenient step for a patient's legs to rest upon. The sides and ends of the platform are panelled with fine gauze wire. A spacious opening through the floor within this special air chamber admits the fresh air from the general air chamber, and a current almost imperceptible from its extensive division, unremittingly flows through the gauze wire into the ward all round the patient's bed. The vitiated air that rises to the top of the room finds an outlet through an Arnott's ventilator into the chimney, the aperture of exit giving eight cubic inches to each bed. The fresh air in this arrangement will always be supplied on the *plenum* principle in the natural ascensional manner."—*Lancet*, Oct. 10th, 1863.

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Drought in the West Indies.—A drought of more than twelve months' duration in the West Indies has caused much suffering and disease to the inhabitants; no rain having fallen in Guadaloupe and other islands of the Antilles since August 16th, 1862. The mortality among the white population has been very great.

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Effects of Congelation on Water.—Dr. Robinet, of Paris, has published an account of experiments conducted by him to test the effects of congelation upon drinking-water. It is well known that the ice which is formed in the sea yields nothing but fresh water, all the salt having been eliminated by congelation. In the northern parts of Europe this property is turned to account for the extraction of salt from sea-water; for a large sheet of the latter having been left to freeze, the ice is afterwards cut away, and the unfrozen water left below is so rich in salt as to require very little evaporation to yield it in a solid state. This property will also serve to analyze wine. Suppose it was required to determine the quantity of water fraudulently added to a certain wine; by exposing it to the action of artificial refrigeration, all the water would be alone, and the wine left in its purity. By a similar process, ships at sea, being short of water, might be supplied with this necessary article. We will suppose the temperature of sea-water under the tropics to be 300 centigrade. If a quantity be exposed in a vessel to the action of a mixture of sulphate of soda and hydrochloric acid, two very cheap commodities, the temperature of the water will fall to 100 below the freezing-point. Let it then be exposed to a second mixture of the same kind, generally eight parts of sulphate to five of the acid, and the temperature may be lowered to 170 below freezing-point. Congealed water is then obtained free from salt, and may be used with impunity. Dr. Robinet has added a new fact to this theory by showing that the water of springs and rivers loses all its salts by congelation. These salts are chiefly those of lime and magnesia. The water subjected to experiment was that of the lakes of the Bois de Boulogne, the ice of which was found to be entirely free from the above mentioned salts. Such is the chemical purity of the water thus obtained, that it may in most instances be substituted for distilled water.—*Scientific American.*

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Mode of preventing Injurious Action of Lead Pipes on Water.—The importance of discovering a really efficient means of preventing the injurious action of lead pipes on water is universally acknowledged, and the experiments of Dr. Crace Calvert have proved beyond question that no proposition hitherto brought forward has been calculated to remedy the evil complained of. A discovery, however, has now been made through which the water supplied by leaden pipes may be obtained by the consumer as pure as from the original source. Dr. H. Schwartz, of Breslau, has discovered a means by which the portion of the lead forming the interior surface of the pipe may be converted into an insoluble sulphide, the natural consequence being that the water passing through will be as free from contamination as if glass were used. The means by which Dr. Schwartz effects this conversation are extremely simple. He simply passes a strong solution of the sulphide of an alkali through the pipe to be acted upon, and the process is completed. This solution, which is either a sulphide of potassium or of sodium, is used at a temperature of about 212° F., and is allowed to act upon the metal for from ten to fifteen minutes. It is stated that, in practice, the boiling solution of caustic soda and sulphur is found to answer every purpose.—*Med. Times and Gaz.*, Sept. 26, 1863, from *Mining Journal.*

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Test for Grease.—If whilst camphor is actively moving on water, the most minute particle of certain greasy substances only touch the water, instantaneously, as if by magic shot, the camphor is deprived of all motion, and repelled. The scene of previous activity is changed to the immobility of death. By availing ourselves of this curious property of camphor, we may detect grease in quantities so extremely minute, as would almost appear fabulous.—*Ibid.*

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Sewage.—Sir EDWARD BULWER LYTTON made lately the following interesting remarks on this subject:—

"I remember, when I held the Colonial seal, the trouble and toil it cost me to secure from some distant islands a scanty supply of guano, while all the time, close at hand, a few of the London sewers were every year casting away into the Thames more than half a million's worth of a manure considerably more valuable for the general purposes of agriculture than that guano which ships were fitted out to bring home, in order that it might be retailed at a price which rather fits it for the phials of an apothecary than the fields of a farmer. I said half a million's worth of money was thus thrown away, but that is a very low estimate of the real waste. In Flanders, for instance, where I have been lately, the value of sewage is calculated according to the numerical population, especially in towns. It is there calculated at £1 7*s.* a head yearly. In Belgium it is calculated at a still higher rate. So that, if the population of London be taken at 2,000,000, a means of increasing the productive wealth of the country (which, according to the estimate of Flanders, would be worth about £2,700,000) is exclusively devoted to poison the waters of the Thames, and administer gratuitous disease to her Majesty's metropolitan subjects. If we may condescend to take lessons from barbarians, the Chinese may in this respect be our teachers. The rapidity with which the Chinese bring almost any soil into cultivation, and, when brought into cultivation, the enormous crops which they contrive to take from mere handfuls of land, have been the wonder and admiration of travellers. But the great secret of the Chinese is in the utilization of sewage. The proverbial fertility of Belgium is owing, in much, to the same cause. But it is not only the sewage of London which is wasted, but that of all our rural towns; although in them there appears a more impatient desire to remedy acknowledged abuses than seems to be the characteristic of city aldermen and metropolitan boards. When I consider how many populous towns there are in this country, I heartily wish we could send among them a few enlightened Chinese engineers to devise the best practical means by which our townsfolk might be enriched by the manure they could sell, and our farmers enriched by the manure they could buy. But in the meanwhile, until some such scheme is devised and agreed to, we must fall back on our friend the farm-yard dunghill, assisted indeed by various chemical manufactures, but never to such a degree as to supply its place. Professor Liebig is, no doubt, right in considering the chief art of productive husbandry to consist in the skilful application of manure. David Hume tells us, in one of his essays, that all the vast apparatus of our government has ultimately no other object or purpose than the distribution of justice, or, in other words, the support of the twelve judges. So it may be said that all the apparatus of productive husbandry has ultimately no other object or purpose than the distribution of justice to the soil—in other words, the application of that manure which gives back to the soil the nutriment we take from it, or supplies the nourishing properties which Nature had neglected to bestow. Eight hundred years ago there was a very learned dispute whether or not the earth was an animal. We have now discovered that the earth is so far an animal that it requires to be fed, and will not bear to be starved. A remarkable instance of this truth is mentioned, by a celebrated agricultural authority, in some of the Southern States of America—such as Maryland and Virginia. In those States there were large districts of some of the most fertile land in the world. The crops they yielded were prodigious, but, unluckily, the cultivators neglected the manure; they took from the land the alkalies and salts which they did not replace, and these districts have now become so hopelessly sterile that they have been altogether abandoned as a desert."—*Lancet*, Oct. 25, 1862.

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Antiquity of Man.—There seems to be signs in the scientific horizon of a change of opinion, or rather, we should say, of a return to a former doctrine in the interpretation of geological phenomena. It will be known to all scientific readers that the current of belief has for some years set in favour of the uniformitarian school of geology—a school which reads the events of the past entirely by the light of the present, which finds in the action of existing causes (an unlimited lapse of time being allowed) a full explanation of all the stratigraphical changes which a study of the crust of the earth reveals. This school has to a great extent supplanted that of the catastrophist, who recognized in the gigantic revolutions indicated by the elevations, depressions, and contortions of strata evidence at least of exacerbations and remissions in the action of natural causes, and of the operation of subterranean forces unexampled in historic time. Sir Charles Lyell has been the apostle of the uniformitarian doctrine, and in his recent work on the Antiquity of Man has applied it in such a manner to the geological evidences of man's early existence as to carry that existence back to a period, very many hundreds if not thousands of centuries remote from the received chronology. A very able article in the last number of the *Edinburgh Review*, written it is said by a well-known geologist, contains a careful examination of the whole subject, and well deserves the consideration of those who are inclined to follow Sir Charles into the shadow-land of unlimited, and, as far as we can see, illimitable time. The facts of recent discoveries are not for an instant disputed by the reviewer. The discovery of human implements in the post-pliocene beds of Amiens and Abbeville associated with bones of the great quadrupeds of the mammoth fauna, the human remains probably of the same period in the caves of Aurignac and Engis, even the Moulin-Quignon jaw-bone, are all admitted, together with the other geological facts, of which we have from time to time apprised our readers. A high antiquity, some thousands of years higher than the chronology of Usher, is claimed by the reviewer for these early traces of our race. But he enters a firm protest against the enormous calculations of which we have lately heard so much, and which have their sole foundation in the *à priori* reasoning of the uniformitarian school. We regret that space will not allow us to give a complete abstract of his article, we can only indicate one or two points illustrative of the line of argument.

It will be remembered that in the valley of the Somme there are two terraces of brick earth in which flint implements, together with the bones of extinct mammalia, have been found. One of these, the Moulin-Quignon terrace, is 80 to 100 feet above the level of the sea; the other, the terrace at Menchecourt, is only 40 feet above the sea level. If we suppose that these terraces, called respectively the high level and low level gravels, were produced by the diurnal operation of ordinary causes, such as the quiet action of a river even much larger than the Somme, we must allow an enormous time to have elapsed between their formation. But the composition, arrangement, and organic and artificial contents of the high and low level gravels exhibit a marked uniformity of character, the only difference being that the low level gravel contains marine shells, indicating that at the time of its deposition the tide must have advanced thus high in the valley. The reviewer reasons that this uniformity of character and products is a more convincing argument for the periods of deposition not being very remote from each other than any difficulties involved by such a supposition are sufficient to counteract. The blocks of tertiary sandstone found in the valley have been held to require glacial agency to transport them. If we imagine the action of ice or some co-ordinate force to have aided in the formation of the terraces, a power of excavation would be given to the stream meandering through the excavated valley, which even the attributed aid of tens of thousands of years would wholly fail to confer upon it.

The evidence obtained from the Aurignac cavern, where the skeletons of seventeen individuals were found buried in 1852, together with implements of flint and bone, and bones and teeth of the cave-bear, the cave-lion, wild boar, rhinoceros, and other extinct animals, is thus commented on:—

"Assuming all the conclusions from the observations of M. Lartet to be correct (and from the great majority of them we see no cause to dissent), it appears to be almost incontestable that the result is unfavourable to the idea of assigning an almost measureless antiquity to those numerous deposits which are proved to be coeval with extinct mammalia, and of which we have treated in this article. It goes a long way to convince us that the existence in Europe of the cave-bear, cave-lion, rhinoceros, and mammoth must be approximated much more towards recent times, rather than that the creation of man must be drawn back into a region of quite hypothetical remoteness, on account of his association with extinct species. But Sir C. Lyell and M. Lartet (who appears to be a thorough disciple of his school) try to persuade us that absence of any mark of important change in the physical condition of the surface of the country about Aurignac is no proof that the antiquity of the tomb may not be indefinitely great. Great no doubt it must be; but every fact connected with its position and discovery seems to show that it belongs to what we may (somewhat vaguely, no doubt) call the *present age of the world.* There is nothing unreasonable in assuming that these mammals survived to a later period of the world's history than geologists have usually allowed. Even the evidence of change of climate which they were once considered to establish has disappeared as a difficulty. In a word, it seems to us to be repugnant to all rules of probable inference to suppose that we have before us intact relics of sepultures which occurred tens of thousands of years ago."

The dates assigned to such deltas as those of the Nile, the Po, and the Ganges afford a curious example of the opposite conclusions at which scientific men of different schools arrive. Dolomieu, Cuvier, and Elie de Beaumont assert that the period at which the Po, the Nile, and the Mississippi began to transgress the natural pre-existing margin of the coast is to be reckoned at a few thousand years only. M. Elie de Beaumont's calculation, corrected by the latest observations of the present rate of deposition, would give a period of growth for the delta of the Mississippi of between 5000 and 6000 years. Sir C. Lyell places it at 100,000!

The reviewer emphatically protests against Sir Charles Lyell's favourite scale of geological time—a specific rate of the elevation of continents, calculated from Sir Charles's observations and study of the rate of rising of the coast lines of Sweden and Norway during the last century and a half. From this investigation, thus limited both as to time and area, Sir Charles assumes the rise of continents to be at the rate of two and a half feet in a century, and this he takes as a basis for calculating the age of all marine deposits. He hence concludes that some raised beaches in Sardinia containing pottery are 12,000 years old, and gives an antiquity of 24,000 years to the post-tertiary strata of Norway. To say nothing of the fact that even in Scandinavia itself the elevation is not uniform, for it varies from five feet per century at the North Cape to Zero to the south of Stockholm, whilst in the south of Sweden the land has been sinking for at least 800 years, it is in the highest degree illogical to apply the same chronometric scale to the earth's unknown history—to deduce from 100 years' experience the condition of the globe through all geological time. Yet it is on these principles that Mr. Darwin has ventured to make a calculation of 306,662,400 years! As has been suggested by one of Sir C. Lyell's critics: "It is pretty much the same as if a man, finding that an individual nearly six feet in height had grown only half an inch last year, we were to conclude that he must be 140 years old."

The reviewer prophecies that the discussions now going on as to the antiquity of man will bring to a more distinct issue than hitherto the hypothesis of geological uniformity. For geological changes force is necessary as well as time. In the words of Dr. Whewell, "*Time*, inexhaustible, and ever accumulating his efficacy, can undoubtedly do much for the theorist in Geology; but *Force*, whose limits we cannot measure, and whose nature we cannot fathom, is also a power never to be slighted; and to call in the one to protect us from the other, is equally presumptuous, to whichever of the two our superstition leans." Sir Charles Lyell himself has admitted that rivers such as the Thames "could never, not even in millions of years, have excavated the valleys through which they flow." We may add that there are good reasons for believing that the part of the earth we inhabit has passed through a condition of violent change to one of comparative tranquillity, and that during the periods immediately preceding our own "upheavals, depressions, and fractures of every kind, with concomitant waves of disastrous energy, were more frequent and far more intense than now."

We see that in the Geological Section of the British Association on Monday last Professor Phillips urged on Sir Charles Lyell the probability that the valley of the Somme had been subject to upheaval, and that therefore the question of age could not be determined by calculations founded alone on the excavating force of the river. In fact, he argued from the condition of the gravel-beds, the upper surfaces of which are not level, but vary in slope from two and a half to one and a half degrees, that an elevation of the valley must have taken place. In his reply, Sir Charles Lyell acknowledged the possibility of local movements, or even a considerable movement of the country having taken place since the old river flowed. Of course if such agencies be admitted, as we have no data for judging of their extent or effects, it becomes impossible to estimate, by any scale calculated from the present rate of fluviatile deposit, the age of the beds in question.—*Med. Times and Gaz.*, Sept. 5, 1863.

Life amid Foes.—The take of herrings by fishermen within the jurisdiction of the Scotch Fishery Board amounted in 1861 to nearly 900,000,000. It seems a marvellous drain upon the power of multiplication, of one animal to destroy in a year a multitude exceeding in number, perhaps, the whole human population of the globe. But this vast number sinks into insignificance when compared with the destruction effected by other agencies. It is very common to find a codfish with six or seven herrings still undigested in his stomach. If we allow a codfish only two herrings a day, and estimate that he feeds on herrings for only seven months in the year, he takes 420 as his allowance during that time; and since at least 2,400,000 codfish were caught in 1861, and the cod and ling caught were certainly not a tithe of those left behind, the destruction of herring by those voracious fish alone may be estimated at ten times as great as that effected by all the fishermen put together. But the conger and the dogfish probably do as much mischief as the cod and ling, the gulls and the gannets slay their millions, the porpoises and grampuses destroy untold multitudes, sea trout and innumerable other fish prey upon the herring fry, flat fish of all kinds resort in immense numbers to the spawning grounds of the herring to prey upon the freshly-deposited ova. Extensive as our fishery operations are, their effect upon the supply of herrings becomes inappreciable when compared with all these consuming agencies. The Royal Commissioners, who have recently inquired into the operation of the laws relating to herring trawling, and from whose report these statements are taken, notice the practical result of all this: A plentiful production of herrings in any year nourishes and supports an increased army of enemies, and if these latter multiply too fast the herrings become diminished in number, whereupon the fish that destroy them are starved down, and, in a weakened state, more easily fall a prey to their own enemies; the herring, then, relieved from their oppressors, in a year or two appear again in immense numbers, and so the alternations of prosperity, over production, and panic in the trade which they originate, will occur with as much regularity as if the herring were manufacturers.—*British Med. Journ.*, Ap. 4, 1863.

Life in the Atmosphere.—JAMES SAMUELSON, Esq., in a paper read before the British Association at their late meeting, remarked that no subject in natural history, except the allied one, the origin of species, had of late excited greater interest in the scientfic world than the origin of the lowest types of living beings on the globe; and although the problem was far from being solved, yet the investigations that had accompanied the discussion had already served the useful purpose of throwing new light on the anatomy and life history of the mysterious little forms of which it treated. It was rather with the latter object, than in the expectation of being able to assist in the solution of the general question, that he ventured to lay before the association the results of investigations recently made. He had, for example, taken rags imported from various countries, and shaken the dust from them into distilled water, which he then exposed to the atmosphere; and, after describing generally the character of the living forms he had discovered in this pure water, he stated in detail the forms of life found in each kind of dust, and among these were some new species of Rhizopoda and Infusoria, and an interesting ciliated worm-shaped form, which he believed to be a collection of the larvæ of some other infusoria. The general results of the microscopical examination of these fluids between the 27th of July and 15th of August was as follows: In the dust of Egypt, Japan, Melbourne, and Trieste, life was the most abundant, and the development of the different forms was rapid. In conclusion, he observed that if he was correct in supposing the germs of the living forms that he had described to be present in the dust conveyed by the atmosphere, and in distilled water, it was worthy of notice that these germs retain vitality for a long period—a period of which he could not pretend to define the limit. In his experiments they outlived the heat of a tropical sun, and the dryness of a warm room during the whole winter; but in Dr. Pouchet's case they retained their life 2000 years, for he obtained his from the interior of the pyramids of Egypt, and then survived an oil of 400 degrees of heat. A main purpose which Mr. Samuelson had in view was to disprove the theory of spontaneous generation; and he suggested whether the great rapidity with which these germs are multiplied might not account for the spread of epidemic diseases. He did not profess to have any acquaintance with such diseases, but might it not be desirable to subject the atmosphere of hospitals to the microscopic test?—*Med. Times and Gaz.*, Oct. 3, 1863.

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New Works and New Editions.—Quite a large number of new books and new editions are announced as preparing for publication in Great Britain. Among them may be enumerated the following:—

Professors Syme promises a new edition of his "Principles and Practice of Surgery," Dr. Macleod, of Glasgow, is going to publish some "Outlines of Surgical Diagnosis," and Mr. Gant, "The Principles of Surgery, Clinical, Medical, and Operative." Amongst new books on special Surgical topics we are to have from Mr. John Wood, "A Surgical Anatomy of the Pelvis and Perineum in the Infant, Young, and Adult Male and Female;" from Mr. Nunn, "The Ward Manual; an Index of Surgical Disease and Injury;" from E. Canton, "A Treatise on the Arcus Senilis;" from Mr. Byrant, "The Lettsomian Lectures on Surgical Diseases of Children;" and from Mr. Gamgee, "Some Clinical Lectures on Fractures of the Limbs." In the department of pure Medicine we may expect a second edition of Dr. Aitken's "Science and Practice of Medicine;" a new book on Medicines, *i. e.*, Materia Medica, by Professor Garrod; a fourth edition of the well-known "Manual" of Dr. Royle and Dr. F. Headland; and a "Manual of Practical Therapeutics," by Mr. Waring. Most of these works on Materia Medica will not appear till the new Pharmacopœia is published. In the Obstetric Department, the venerable Dr. R. Lee proposes to publish some "Consultations in Midwifery;" Dr. Hall Davis, a new edition of "Difficult parturition; and Dr. Swayne, a fourth edition of his "Obstetric Aphorisms." "Diseases of Women" will be treated of in a new work by Dr. Graily Hewitt; and Mr. Spencer Wells will bring out his promised work on the "Diagnosis and Treatment of Diseases of the Ovaries." Amongst monographs we see announcements of works on the "Throat and Laryngoscopy," by Dr. G. Gibb; a second edition of "Dr. L. Beale on the Urine, Calculi," etc.; a new work on "Intra-Thoracic Cancer," by Dr. Cockle; one on "Arrest of Phthisis," by Andrew Clark; and on "Paralysis," by Dr. Meryon. Diseases of the skin are treated of in new works by Drs. Tilbury Fox, M'Call Anderson, J. L. Milton, and David Logan. We also see advertised a new "Manual of Comparative Anatomy," by Professor T. H. Huxley; one on "Practical Anatomy," by Mr. C. Heath; one on "Animal Chemistry," by Dr. Thudichum, and a "Manual of Practical Hygiene," intended especially for the Medical officers of the army, by Professor E. A. Parker.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Rheumatic Gout.—By Henry Wm. Fuller, M. D., Physician to St. George's Hospital.

Gentlemen: Few diseases are more commonly met with in practice than Rheumatic Gout. Whenever you go into the wards of the hospital you may note it in almost every stage of its progress; you may see patients in whom a slight enlargement of one of the knuckles constitutes its only external manifestation, and others who are thoroughly crippled through its agency, and possess scarcely a sound and servicable joint. It would be difficult, therefore, to occupy our time to-day more profitably than by a brief survey of the history of this disease as illustrated by cases which have come before you, and by an endeavour to point out the nature of the treatment which proves most serviceable in its different varieties.

My views as to the nature of this disease are well known to most of you, and it will be needless therefore for me to state them at length on the present occasion; but I may remind you that my experience induces me to believe that rheumatic gout is a disease *sui generis*—totally distinct from gout, and equally so from rheumatism. Indeed, it appears to me to resemble scrofulous inflammation more nearly than rheumatism in its nature. Call it by whatever name you please—rheumatic gout, rheumatic arthritis, rheumatoid arthritis, or any of its other synonyms; but remember that it has no connection with any other form of so-called rheumatic disorder. As well might you regard measles as identical with scarlatina on the ground of their both being accompanied by an eruption on the skin, as to consider rheumatic gout identical either with gout or rheumatism on account of its being, like those disorders, accompanied by pain and swelling of the joints. Depend upon it, rheumatic gout has a history and

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pathology of its own; and if it is to be treated successfully, its history and pathology must be carefully studied and its treatment conducted accordingly.

Pathological research has shown that in the earliest stages of the disease the capsules of the affected joints are distended with fluid, the synovial membrane is thickened and intensely vascular, and vascular tufts or excrescence exist at the margins of the cartilages; that as the disease progresses the fluid is absorbed, the interarticular fibro-cartilages are also absorbed, and eburnation of the articulating surfaces takes place; that the heads of the bones become enlarged and altered in shape by the occurrence of interstitial absorption in some parts and of irregular osseous deposits in others; and that foreign bodies of varying consistence and character are often developed both within and without the joints—bodies which are sometimes cartilaginous, sometimes bony, sometimes attached by longer or shorter pedicles to the synovial membrane or to the ligamentous structures, and at others are loose within the articulation. It has shown that these changes may take place slowly without any general febrile disturbance or any acute local inflammatory action; and, on the other hand, that they may be preceded and accompanied by fever, and by pain, heat, and inflammatory swelling of the parts: that the bursæ and sheaths of tendons in the vicinity of the affected joints are prone to be implicated in the mischief, but that neither in the joints nor in the adjacent bursæ or sheaths of tendons are any of the ordinary products of inflammation found—there is no lymph, and no pus, and no urate of soda, as in gout. In other words, it has shown that the characteristic changes which occur in the joints as the result of rheumatic gout take place independently of active inflammation, and that the acute inflammatory action which sometimes precedes or accompanies these structural changes is simply a complication of the disorder, and by no means necessary to its perfect development.

And what are the conditions under which these structural alterations in the joints occur? They are not met with in the robust or vigorous, in well-fed persons with sound constitutions and sedentary habits; they do not arise, like the deposits of urate of soda in gouty men, in connection with excessive indulgence in the luxuries of the table, and defective excretion consequent on a diseased condition of the kidneys. On the contrary, they are more common in women than in men; very frequently arise in persons who lead a temperate life, and are small eaters, and never present themselves in persons who are constitutionally sound, unless they have been subjected to some cause of nervous exhaustion and enfeebled health. Their favourite victims are the offspring of consumptive parents, and especially weakly women—women whose constitution is either originally delicate and unsound, or who from some cause or another have fallen into ill health. Amongst men, the most common exciting causes of the disease have appeared to me to be the cachexia which oftentimes follows excessive venery or syphilis, or the sleeplessness and exhaustion consequent on ill-treated gonorrhœal rheumatism, or the depression resulting from anxiety, or from excessive and long-continued mental exercise, or from over-fatigue or chill in persons of a delicate constitution or scrofulous tendency; whilst in women the disease is often traceable to the cachexia entailed by perversion of the uterine functions. It attacks the girl just arriving at puberty, in whom these functions are ill performed, it invades the stiffening articulations of the woman who has arrived at that time of life which is marked by the cessation of the monthly periods; it shows itself during the state of debility which follows a miscarriage or a difficult or protracted labour, more especially when the labour has been accompanied by flooding; and it is a common sequal of over-long suckling.

But whatever the exciting cause of the disease, its primary or essential cause is the same in all instances; and although we are unable as yet to point out the precise nature of that cause—although we know little of the morbid chemical actions which take place, and are at a loss to account for the peculiarities in the nutrition of the affected parts by which this form of disease is accompanied, it is impossible to doubt the existence of a special form of constitutional disorder. The history of the complaint, its course and symptoms, and its pathological effects, all indicate the agency of some cause distinct from that which occasions gout or rheumatism. Our inability to demonstrate the nature of the chemical changes in the blood, or, in other words, to prove the formation of a special poison, is not a valid argument against the existence of such a poison. The same line of reasoning would be equally conclusive against the existence of any special form of blood-disorder in smallpox, typhus fever, scarlatina, and pyæmia. The fact is, our means of analysis of organic fluids are at present so imperfect, and we know as yet so little of the influence exerted on the functions of assimilation and excretion by modifications of the nervous power and other similar agencies, that in this, as in other forms of disease, we cannot even offer a reasonable conjecture as to the character of the chemical changes which take place, or as to how those changes are brought about. All that chemistry has as yet enabled us to assert is the bald fact originally pointed out by Dr. Garrod, that the blood in these cases does not, like the blood in gout, contain uric or lithic acid.

Thus, then, as there is no very certain mode of diagnosing this disorder, and as, if it is to be treated successfully, its special character must be recognized early in the attack, I will endeavour to bring before you certain facts which will serve as guides to a correct diagnosis.

I would premise that the disease may make its approach either in an acute or in a chronic form. In the latter case, its true character is not likely to be mistaken; but in the former it often resembles an attack of acute rheumatism so closely as to tax our powers of diagnosis to the utmost. There may be heat of skin and profuse perspiration, furring of the tongue, loading of the urine, acceleration of the pulse, and pain, redness, and swelling of the affected joints—symptoms which, to a greater or less degree, are always attendant on acute rheumatism. But even from the first there are certain peculiarities which ought to excite suspicion as to its nature. The skin, though hot, is less so than in acute rheumatism; the perspiration does not possess the peculiar rheumatic odour in any marked degree; the pulse, though quick, is feeble; the tongue is usually less furred; and the local pain and swelling are seldom confined to the knees and other larger joints, but invade the wrists and small joints of the fingers; they are more persistent than the inflammatory swellings of true rheumatism, and they attack a larger number of joints simultaneously.

If the true character of the disorder is overlooked at the first, a few days' observation at the bedside ought to rectify the diagnosis. The symptoms rarely yield to alkalies: the tongue cleans, the heat of the skin subsides, and any slight odour which may have attended the perspiration speedily disappears; but the skin remains constantly bedewed with moisture, and becomes daily more flaccid and less elastic, the pulse gets weaker, and the pain and swelling of the smaller joints assume a more prominent aspect. The inflammation, however, though continuing so obstinately, is not so acute, and does not appear to threaten the integrity of the joint, as true rheumatic inflammation does under similar circumstances. When true rheumatism fixes obstinately on a joint, the fear of permanent mischief and anchylosis of the joint at once presents itself to the mind. The inflammation of the other joints subsides, but the pain and swelling in the one joint increase daily; and it is obvious to the merest tyro in medicine that if that joint be not kept motionless, and leeches, blisters, and fomentations, or mercurial ointment applied, anchylosis of the joint is the most favourable issue which can be expected. But it is otherwise in respect to the inflammation of the joints which accompanies rheumatic gout. Rarely, indeed, in the acute form of the disease, is the inflammation confined to one joint; on the contrary, three or four, or even a larger number, of the joints remain affected throughout. There is not the same heat, or redness, or tenderness of the affected joints; the fear of adhesive or suppurative mischief does not arise; the application of a splint, and of leeches and blisters, does not suggest itself; and although the joints may remain permanently enlarged and distorted, they do not become anchylosed.

When the disease makes its approach more slowly, and assumes from the first a non-acute or chronic form, its features are much more distinctive. The patient feels weak, languid, and uncomfortable; she is oftentimes chilly, but nevertheless perspires on the slightest exertion; the appetite is capricious, the pulse feeble, the urine often pale and clear, and the spirits are much depressed. Up to this time probably there may have been no swelling of the joints, and possibly no wandering pains in the limbs, so that no suspicion is entertained as to the nature of the impending mischief. The ill-health is attributed to the effect of a mercurial course, to the drain resulting from an excessive flow of the monthly courses, to profuse leucorrhœa, to amenorrhœa, or to one of the many causes which are productive of ill-health, and which may have been present in the particular case in question. But after a longer or shorter period, some pain or stiffness is perceived in one or more of the joints. Not unfrequently a knuckle becomes stiff and swollen for weeks or months before any other joint is affected; and even though the knees or other of the larger joints be enlarged, the knuckles rarely escape. They are seldom red, inflamed, or very tender to the touch; on the contrary, they are relieved by gentle friction, and will often derive benefit even from tolerably active rubbing. Effusion within the joint is the principal cause of their enlargement; but the bursæ and sheaths of tendons around the joint are also implicated, and are felt as circumscribed swellings. Moreover, the mischief is seldom confined to the immediate vicinity of the joints, but the sheaths of tendons may be felt hard and swollen in the palms of the hands and in other parts more or less remote from the primary seat of inflammation.

In the more advanced stages of the chronic form of the disorder, the peculiarities of the case become even more apparent. Depression of spirits is a prominent symptom; the constant clammy moistness of the shin is quite characteristic; the extraordinary number of the joints implicated in the mischief is unlike what is observed in any variety of true rheumatism; and the form of the articular swelling is such as cannot possibly be confounded with the effects of rheumatism. It is obviously due, in great measure at least, to enlargement of the extremities of the bones themselves, and not merely to effusion within their capsules, or to the thickening of the surrounding structures. Thus a material alteration occurs in the form, and oftentimes in the direction of the joints. The fingers, for instance, are drawn towards the ulnar or outside of the hand, and take a permanently oblique direction; whilst the enlarged and partly dislocated extremities of the bones, more especially of the metacarpal bones, project in every variety of form, and constitute the nodosities which have been described by Dr. Haggarth in his *Clinical History of Disease.*

Thus, then, to sum up the principal facts which have a practical bearing on the treatment of the disease, it may be stated; 1st. That the malady originates in mal-nutrition, resulting not unfrequently from some hereditary infirmity of constitution, but sometimes in connection with cachexia induced by a variety of causes which exhaust the nervous system. 2d. That the local changes to which it gives rise are essentially distinct from those produced by active inflammation, and more nearly resemble the results which might be expected from a slow perversion of nutrition; indeed, a similar tendency to the formation of exuberant osseous growths around the joints whilst the articular textures within are suffering destruction and decay is observed in malignant disease of the joints, and in various strumous affections of the joints, both of which are connected with a constitutional taint. 3d. That, whether in an acute or in a chronic form, the malady is one and the same, due to the same cause, connected with a similar failure of tone in the system, and productive of similar changes in the joints; the only difference observable between the results in the acute and chronic cases respectively being that in the former they occur more rapidly than in the latter.

If this view as to the nature of the disorder is correct—and its whole history leaves little room for doubt on the matter—it follows that any treatment to be successful must have for its object the sustentation of the general health and the restoration of tone to the system. Whilst this is being effected, means may be taken to subdue the local irritation of the joints, and thus to mitigate our patient's suffering; but the primary object must be to improve the health, and so to check the continuance of those actions on which the enlargement and distortion of the joints depend. The remedies which are most serviceable in rheumatism and gout are of little avail in this form of disease. Colchicum, iodide of potassium, guaiacum, hot baths, vapour baths, and other similiar remedies, if prescribed with a view to eradicate the disease, prove mischievous rather than beneficial. They depress and enervate the patient, who is already low and exhausted; and thus they serve to establish the disorder which they were given expressly to get rid of it. In private no less than in hospital practice the mischievous results which follow this mode of treatment almost daily force themselves on my attention. In short, if the remedies above named are to be employed at all in the treatment of rheumatic gout, they should be used cautiously as alteratives in conjunction with tonics, and should not be administered as agents to be relied upon for the cure of the disease. The more I have seen of this form of the disorder, the more thoroughly have I discarded the views which, in common with other medical men, I formerly entertained respecting its treatment, and the more completely have I learned to trust to tonics and occasional alteratives. In the acute stage of the disorder it may be necessary for a few days to administer alkalies and alterative doses of blue-pill or calomel, and to restrict the diet to broth, or beef-tea; but when once the true nature of the malady has declared itself, I believe that in the majority of instances the more successful plan, notwithstanding the acute character of the symptoms, is to administer bark or quinine in combination with small doses of alkalies, and as soon as possible to interpose and check the continuance of the enfeebling clammy perspiration by means of a cold shower-bath or the dripping-sheet. Indeed, whether the disease be in an acute or in a chronic form, the general state of the system and the ever-varying condition of the secretions are the only rational guides to treatment. If, as often happens when the disease is chronic, the secretions are tolerably regular and healthy, if the bowels are acting daily and the alvine dejections are of a natural colour, if the urine is clear and remains so on cooling, and if the skin is neither dry nor damp and clammy, the most effectual remedies are bark, quinia, strychnia, iron in its different forms, cantharides, arnica, sarsaparilla, the mineral acids, and cod-liver oil; and they must be given in doses proportioned to the amount of depression they have to counteract; further, their action must be assisted by fresh air and exercise, change of scene, and a generous diet: meat twice or three times daily, with a full allowance of porter or ale, and wine, are essential adjuncts to the treatment. On the other hand, if the motions are pale, calomel or blue pill must be given as alteratives; if the urine is loaded with lithates, and the bowels are torpid, these secretions must be regulated in the ordinary way by the exhibition of purgatives and alkalies; the diet at the same time must be more or less restricted, and malt liquor prohibited. But even in these cases care must be taken not to depress the patient; and while brandy, or gin, or whiskey is substituted for the malt liquor and wine, an endeavour should be made to discover some nutritious food which the patient can digest and assimilate. If the skin is clammy, and the shock of cold water is followed by reaction and warmth of the surface, a cold shower-bath or the dripping sheet should be employed daily, for nothing tends so powerfully to stimulate the capillary circulation, and restore the tone of the system.

Let me cite a few cases in illustration of these facts. S. H——, a pale delicate woman, aged thirty-six, was admitted into the Holland ward on July 25th. She had been attacked five years previously with wandering pains in the limbs, and symptoms resembling rheumatic fever. The ankles, wrists, hands, and shoulders were the parts principally affected, and became greatly swollen, stiff, and painful. She underwent medical treatment for some months, and had a succession of hot-air baths without relief, and from that time to the present she has been utterly incapable of following her occupation as a cook. There was no inherited disposition either to gout or rheumatism, but her mother and two of her sisters had died of consumption, and she had lost a brother by diabetes. At the time of her attack she had been overworked, and felt more than usually languid and unequal to exertion.

On admission her complexion was pale and delicate, but her cheeks were coloured by the presence of dilated capillaries; her flesh was soft and flabby; the skin was warm, and usually covered with a clammy perspiration; the pulse was eighty-four, weak; the tongue was coated; the urine clear, acid, sp. gr. 1016, and free from albumen; the bowels were reported open, and the catamenia regular. Her appetite was indifferent. The wrists and several of the small joints of the fingers were much swollen and distorted, and several bursæ and sheaths of tendons in the vicinity of the wrists were enlarged, forming circumscribed swellings; the ankles also were greatly swollen, and were so weak that she could scarcely hobble across the room. The pains prevented her obtaining a due amount of rest at night. She told us that she always felt better, and suffered less from pains in the joints, in cold weather than in warm. Having regard to her pallor, the flabbiness of her flesh, and to the healthy condition of her secretions, I determined to administer iron, and to employ a decidedly tonic plan of treatment. Accordingly I gave her meat and a pint of porter for her dinner, and prescribed half an ounce of cod-liver oil to be taken three times daily in conjunction with the following draught: Syrup of iodide of iron, a drachm and a half; iodide of potassium, six grains; infusion of quassia, an ounce. A pill, containing colocynth and calomel, was also ordered to be taken occasionally, with a view to stimulate the chylopoietic viscera, and maintain a free action of the liver, and a cold shower-bath was given every morning. She was also directed to rub daily into the affected joints an ointment composed of four grains of bichloride of mercury, half an ounce of the compound iodine ointment, and an ounce of lard; and with a view to stimulate and strengthen the ankles, a douche of cold water was applied to them for the space of ten minutes every morning, and while they were wet they were rubbed with the naked hand until warmth had been restored to them, and a glow had diffused itself over the surface. At first the oil did not suit her stomach, and she complained of nausea and sick-headache, so that it was found necessary to administer a few of the pills, and to omit one of the doses of oil daily; but in the course of a few days she ceased to experience any inconvenience from the oil, and was able to take it as ordered, three times in the twenty-four hours. The improvement which resulted was most satisfactory. Before the expiration of a fortnight the appetite had improved; the clammy sweats had well nigh ceased; the pains in the limbs had so far subsided that she was not disturbed by them at night; the swelling of the joints had decreased considerably, and the ankles were so much stronger that she was able to walk without much difficulty. From this time the symptoms steadily improved, and on the 12th of August, when she was made out-patient, she stated that she was in better condition, and had more power and less swelling in her joints, than she had had for the space of two years.

Now there are one or two points suggested by this case on which I would give you a few practical hints. In the first place, you will always do well to inquire whether your patient ordinarily enjoys better health in winter or in summer, in cold weather or in warm—as the reply you obtain will serve as a tolerably trustworthy criterion as to whether she is likely to be benefited by cold water. When a patient who is suffering from rheumatic gout, tells you that she is usually stronger and more vigorous in cold weather than in hot, you may confidently recommend the daily use of a shower bath. It will brace and stimulate her, and will contribute as largely to her recovery as any medicine you can administer internally. There is nothing more remarkable in the whole range of the therapeutics than the rapidity of the improvement sometimes observed under the influence of this remedy. Even when a patient tells you that she is not much affected by temperature, but that she is often chilly, and dreads cold water, I would urge you not to be deterred from having recourse to its assistance. The chilliness in such a case is dependent on the vitiated condition of her blood, and not on any innate delicacy or any deficiency in her power of resistance to cold: consequently the shower-bath by imparting a stimulus to the system, will conduce to the better performance of the various functions of the body, and so to an improvement in the condition and circulation of the blood, and to a cessation of the sense of chilliness. If you are not consulted until the patient has been greatly reduced by illness, and has a feeble pulse, and scarcely sufficient power to enable her to rally from the shock of the shower-bath, you may order the dripping-sheet, as you have seen me do, with excellent results, under similar circumstances. The shock is somewhat less, and so also is the chilling effect on the system. But I would have you bear in mind that it is impossible *à priori* to determine whether reaction will take place after the shock of cold water. Sometimes a person whose circulation is so weak as to render it improbable that she would be able to withstand it, will feel refreshed and invigorated by it, and will glow with warmth in a few minutes afterwards; whereas another person, apparently stronger and less reduced by illness, will be chilled and exhausted by it, and will suffer from cold the whole day. One or two trials, however, will settle this question, and the bath is such an important agent in the treatment of these cases, that the matter ought never to be allowed to remain undecided. The only cases in which its effect is doubtful are those in which the patients, even when in health, were always better in summer than in winter, and have always suffered from cold. In these cases, if the clamminess of the skin appears to require the use of the cold shower-bath, a small quantity only of cold water should be employed. The patient, when taking it, should stand in hot water, and a cotton sheet should be thrown round her as soon as she steps out of the bath. With these precautions there are few persons who cannot withstand the shock of the water, and as few who will not benefit by it.

Another point is relative to the use of a cold douche, and the means of obtaining one. A few jugs of water poured on the affected joint are of little or no service in these cases: the force of the water is not sufficiently great, nor is its action sufficiently sustained. In none of the London or provincial general hospitals with which I am acquainted, nor in most of the towns in the United Kingdom, is a good douche-bath to be found, and, therefore, if we wish to avail ourselves of this valuable agent in the treatment of stiffened joints, we must either send our patients to a hydropathic establishment, where this species of bath is admirably arranged, or extemporize one for ourselves at the residences of our patients. Fortunately it is not difficult in most houses to arrange an efficient douche-bath for the knees and ankles—the parts to which this description of bath is specially applicable. All that is required is a large tap, communicating with a cistern of water placed at a considerable elevation above it. Two yards of India rubber tubing affixed to the tap will suffice to carry the stream of water towards the affected joint, and a large empty bath will receive it as it flows. You may think this is a trivial matter for me to dilate upon, but if you are really in earnest at your work, and are aiming at the attainment of proficiency in relieving human suffering, you will not despise the smallest matters which can contribute towards the object you have in view.

One word as to this woman's family history. At the beginning of the lecture I told you that rheumatic gout is very prone to show itself in the offspring of consumptive parents. I may go further, and tell you that since I have had my attention directed to this point I have traced a consumptive tendency in no less than thirty-five out of 173 cases which have come under my observation, or, in other words, in one out of every 4.9 patients; and that if I limit the results of my inquiry to private patients, from whom it is much easier to obtain reliable information respecting their family ailments, the ratio rises to one in every 2.8 cases. In the case of S. H—— the consumptive tendency was strongly developed in her family, for her mother and two sisters had died of phthisis, and a brother had died of diabetes, a disease very closely allied to phthisis. In several other cases which have come under my notice I have found phthisis, diabetes, and rheumatic gout associated in the same family, and although it may be difficult to point out the precise nature of the connection subsisting between them, it is certainly a significant and important fact in reference to the treatment of rheumatic gout that such a connection exists. In a pathological point of view it is also of importance, as serving to strengthen the opinion which I gave at the commencement of the lecture, that the structural changes in the bones produced by rheumatic gout are closely allied to those which result from scrofulous inflammation.

I will now call your attention to the case of E. F——, a single woman, aged twenty-nine, who was admitted into the Holland ward on October 17th. She had suffered four years from rheumatic gout, affecting the ankles, wrists, and the small joints of the hands. She had taken two courses of hot baths, and had otherwise undergone treatment, without relief. Within the last three months the symptoms had rapidly increased in severity, and she was therefore induced to apply at the hospital. There was no consumption in her family, and she attributed the failure of her health to overwork at her occupation as a needlewoman. She had usually enjoyed better health in summer than in winter. On admission, the capillaries of the face were dilated and injected, so that to the careless observer she might have appeared to bear the ruddy hue of health; the skin was cool and clammy; tongue clean; urine clear, acid, and not albuminous; the bowels were moved daily; the catamenia were reported regular; the pulse was weak; the appetite good, but she had been living lately on scanty diet. I ordered meat and a pint of porter for her dinner, and prescribed the following remedies: namely, a cold shower bath every morning, a pill containing a grain and a half of the extract of nux vomica, and the same quantity of compound rhubarb pill each night at bedtime, and a cinchona draught three times daily, to which were added twenty-five minims of the tincture of arnica, and ten minims of nitro-hydrochloric acid. On the 20th, she told us that the joints were less stiff than on admission, but that there was not a full reaction after the bath, and that she felt generally uncomfortable; her urine had become acid, and contained a deposit of lithates. Therefore, while the pill was continued as before, the bath was omitted; half a drachm of the bicarbonate of potash, and a drachm of the ammoniated tincture of guaiacum were substituted for the mineral acid in the draught; and half an ounce of cod-liver oil was ordered to be taken with each dose. Within three days she felt better in every respect; the urine had become natural, the pains had decreased; and she was made an out-patient at her own request on the 24th.

The general features of this case very closely resemble those of S. H——, except in the fact that the patient usually enjoyed better health in warm weather than in cold, and that under the use of the remedies first prescribed, the urine became loaded with lithates, and a sense of general discomfort was experienced. My object in citing the case is to make it the text of a few practical remarks. There could not be a doubt as to the necessity for a tonic sustaining plan of treatment; but it did admit of question as to the precise remedies which should be employed. The clammy moisture on the skin seemed to call for the bracing influence of cold water, and, together with the general want of tone in the system rendered it likely that the mineral acids might be of service. But the chilliness and the sense of general discomfort which ensued after the bath, made it manifest that the patient did not possess sufficient vigour to withstand the shock of the cold water, which, therefore, depressed instead of stimulating and bracing her; whilst the deposit of lithates in the urine, which was observed on the third day of the treatment, rendered it probable that the mineral acids did not agree. Possibly the turbidity of the urine may have been attributable to the disturbance consequent on the chilliness induced by the bath, and that had I omitted the bath, and continued the acids, the urinary secretion would have reassumed its normal appearance in a few days. Under the circumstances, however, I deemed it more prudent to omit both the bath and the acids, and to have recourse to the warmth-imparting power of cod-liver oil in aid of the other remedies. My intention was to have ordered a tepid shower-bath at a future time, and once again to have made trial of the mineral acids; but family matters induced her to leave the hospital before I had the opportunity of doing so, and it is therefore uncertain how far they would have suited her. I would have you remember, however, that a tepid shower-bath is sometimes useful when a cold bath cannot be borne; and, on the other hand, that in cases in which a full reaction ensues after a cold shower-bath, no benefit is derivable from tepid water. I urge this upon you the more earnestly because in private practice you will be constantly appealed to for permission to use a tepid instead of a cold shower-bath, and if you yield to the entreaty in cases in which the constitution is vigorous enough to withstand the shock of cold water, your patient will not realize the benefit you had anticipated from your prescription. In regard to the administration of the mineral acids, there are two points to which I would direct your attention: the first is the dose in which they are prescribed; the second is the information respecting the propriety of their exhibition derivable from the condition of the urine. My own observation leads me to place very great reliance on the mineral acids in this and in other diseases of an atonic character; but it also induces me to believe that the doses in which they are usually given do not afford us all the benefit obtainable from them. I have often derived great assistance from full doses of the acids in cases in which smaller doses had been fruitlessly administered, and my conviction is, that in the majority of cases, they must be given in from six to ten minim doses, if we wish to obtain any manifest assistance from them in cases of a seriously atonic character. Further, I am satisfied that in cases of rheumatic gout, turbidity of the urine is not a bar to their administration. When urine, previously clear, becomes turbid, and deposits lithates, as in the case of E. F——, it is usually prudent to suspend their administration, the more so if symptoms of dyspepsia present themselves. But in cases in which the urine is habitually turbid, and in which the liver and bowels are acting regularly, and the turbidity of the urine appears to be connected with want of tone in the stomach, and consequent imperfect assimilation, I know of no remedy more generally serviceable. Oftentimes the urine clears under their influence within a few days, and even when an alteration is not observed so speedily, it usually takes place after a longer period, as the powers of assimilation improve. In cases in which the urine is habitually clear and pale, the exhibition of the acids is almost indispensable.

Before quitting the subject of rheumatic gout, I will briefly refer to the case of J. B——, aged forty-four, who was admitted on the 19th of September into Princess ward. This woman had suffered from rheumatic gout above two years, and there were few parts of her body which had not been affected. Her feet, knees, and shoulders, neck, jaws, wrists, and hands, had all been implicated since the commencement of the attack: but the parts in which pain, and stiffness, and swelling were persistent were the wrists and the small joints of the fingers. She would not admit any hereditary tendency either to gout, rheumatism, or consumption; but stated that she had been delicate and nervous from childhood, and since the commencement of her illness had suffered fearfully from depression of spirits. She generally felt stronger in cold weather than in warm. Though a married woman, she had never borne a child. When she came under my care, the complexion was generally pale, though her cheeks flushed on the slightest occasion; her skin was warm, and moist, and clammy, and her flesh flabby; the tongue was clean; the urine abundant, clear, acid, free from albumen, specific gravity 1019; the pulse 96, weak, and the appetite good. The bowels acted daily, and the catamenia were quite regular. I ordered her meat and porter for her dinner, and a cold shower-bath every morning, and three times a day she took a cinchona draught, containing a sixteenth of a grain of strychnia, ten minims of nitro-hydrochloric acid, and half a drachm of chloric ether. On the 25th, she told us that she seemed to be gaining strength daily, and that the pains in the limbs were less severe; but her bowels had become costive, and she was therefore ordered three grains of compound rhubarb pill each night at bedtime. On the 10th of October, as she was languid and depressed, and still very pale, the cinchona draught was omitted, and the following was substituted for it—viz., syrup of iodide of iron, one drachm; iodide of potassium, eight grains; infusion of quassia, seven drachms; cod-liver oil, half an ounce. This she continued to take until she was made out-patient on the 17th.

The improvement in this case was less marked than in those previously referred to, though it was as great perhaps as could have been expected in the short space of four weeks in a person constitutionally and physically delicate, and so seriously depressed in health and spirits as our patient was on admission. My principal object in directing your attention to it is to give you a hint as to the administration of strychnia in cases characterized by depression of spirits. In the whole catalogue of the Pharmacopœia I know of no remedy equal to strychnia as a tonic when the nervous system is unduly depressed, and the patient is nervous and low-spirited. Its value in cases of rheumatic gout, in which these symptoms are often very distressing, can scarcely be over-estimated; for it certainly produces effects which you may seek in vain from quinia and other vegetable bitters. It seems to rouse and invigorate the patient by stimulating the nervous system, and thus indirectly promoting increased activity of the various functions of the body. Be this as it may, you will do well to remember that when a patient is suffering from depression of spirits and nervous exhaustion, strychnia will often furnish very valuable assistance.

One word before we part as to the administration of malt liquor and alcoholic stimulants. In all the three cases to which I have directed your attention to-day, a pint of porter was given daily. This is contrary to the generally received opinion respecting the action of malt liquor in rheumatism; for I find that in almost every case which comes under my observation beer of all kinds has been strictly prohibited. Experience, however, has shown me that in cases of rheumatic gout, malt liquor is usually serviceable, provided only that the kidneys are acting freely and the urine is clear. When the urine is scanty or turbid, beer is apt to disagree and heat the patient, and therefore should be prohibited. But even under these circumstances some alcoholic stimulant is needed to sustain the patient's strength, and so to promote the due performance of her functions; and nothing answers better than brandy, gin, or whiskey. If the patient evinces a strong repugnance to spirits, some dry sherry, or claret, or Rhine wine may be tried in conjunction with potash or soda water; but in most instances in which malt liquor disagrees, the administration of wine will prove unsatisfactory, and brandy or some other spirit must be prescribed.—*Lancet*, Sept. 23, 1863.

HOSPITAL NOTES AND GLEANINGS.

Whooping-Cough treated with Bromide of Ammonium.—It must still be fresh in the memory of our readers that Dr. Gibb discovered in the bromide of ammonium a most valuable pharyngeal and laryngeal anæsthetic, and it is this special character of the remedy which Dr. Harley has endeavoured to turn to useful practical account in the treatment of pertussis. During the last six months, a very great number of children have suffered from whooping-cough; and every general practitioner, as well as hospital physician, knows that the success in the treatment of this troublesome affection has not at all been in proportion to our experience of the disease. Indeed, as Dr. Harley in his clinical remarks observed, there are few diseases the diagnosis of which is so easy, the pathology so obscure, and the treatment so uncertain, as those of common whooping-cough. Specifics in abundance have been at various times proposed; but one after another, after a year or two's trial, has gradually fallen into disrepute. Although the pathology of whooping-cough is still very obscure, one thing, Dr. Harley says, is evident—namely, that the exciting cause of the whoop is the reflex irritation of the branches of the pneumogastric nerves. The pneumogastric nerves supply the glottis by means of their recurrent, the lungs by their pulmonary, the stomach by their gastric, and the diaphragm by their diaphragmatic branches; and let the nerve-irritation originate where it may, one thing at least is clear—namely, that the immediate result is spasmodic action of all the parts supplied by the vagi. Thus it is we have the violent expulsive cough, followed by the spasmodic constriction of the glottis, impeding the free return of air to the lungs, and thereby producing the peculiar sound from which the disease takes its name. Next we have the spasmodic action of the stomach inducing vomiting, and that again is aided by the convulsive contractions of the diaphragmatic muscles. Such being Dr. Harley's views, his object in giving bromide of ammonium was to induce, if not semi-paralysis, at least partial insensibility of the glottis, and thereby, if possible, prevent the occurrence of the spasm, which is undoubtedly the chief source of misery during the attack. His method of treatment is as follows:—

Case 1.—*February* 9, 1863. Eliza F——, a tolerably well-developed child, aged eighteen months, who had whooped for eight days, was first treated with five minims of tincture of belladonna, and a quarter of a grain of sulphate of zinc in two drachms of water thrice a day.

16*th.* Cough just as before. There is a dryness of the throat, showing that the belladonna has produced its specific effect. The treatment is now (on the fifteenth day of the disease) to be changed to five grains of the bromide of ammonium dissolved in water, three times a day.

19*th.* Cough, or rather the whoop, is already much better. To repeat the mixture.

17*th.* The child no longer whoops, but still has a slight cold.

The bronchitic cough lasted till the 20th of March, when the child was dismissed as cured.

Case 2.—Ellen S——, aged four years and four months, was brought to the hospital on the 5th of May. She had whooped during seven weeks, and had an ordinary catarrhal cough for fourteen days before the whoop commenced. She now whoops every time she coughs, which occurs about three or four times an hour, although she occasionally passes about an hour without coughing. The child was very stout before her illness began, and, although she is not yet emaciated, the mother says that she has lost a great deal of flesh. Skin hot; appetite very bad; bowels usually open twice a day. To have six grains of bromide of ammonium in two drachms of water three times a day.

May 8. To-day the mother states that after leaving the hospital on the 5th she carefully watched the child, and found that she whooped thirty-two times in three hours; but since taking the medicine the whoop has very much diminished, and to-day (third day of the bromide) the child has passed three hours without either coughing or whooping. To repeat the mixture.

This patient was not again brought to the hospital.

Case 3.—*February* 26. H. W. O——, aged four years began to whoop on the 22d (four days ago). Had a catarrhal cough for ten days before he began to whoop. To take six grains of the bromide of ammonium in two drachms of water three times a day.

March 2. The child has very much improved. Has only a very slight cough. The whoop has ceased. This is only the fourth day of the treatment, and the eighth of the disease.

Case 4.—*March* 2. Brother (aged two years?) of last patient is now ill. He began to whoop on Feb. 25th (six days ago). He is also to be treated with the same medicine; but in order to try the effect of very small doses, only one grain and a half are to be taken thrice a day.

March 20. Child still whoops, though not so much as before.

27th. Whoop ceased two days ago (twenty-fifth day of treatment, thirty-first day of the disease).

Case 5.—*March* 27. Third child (aged three years) in same family began to whoop on March 22d (five days ago). Whoops three or four times a day, and four or five times during the night. As this child was under the same hygienic condition as the two preceding cases, it was thought an excellent opportunity of still further testing the effects of different doses of the bromide, and accordingly three grains were ordered to be taken three times a day.

May 1. The mother did not bring the child back till to-day, and gave as her reason the fact of the child having ceased to whoop three weeks ago; that is on the fourteenth day of the treatment, and the nineteenth of the disease. The catarrhal cough, however, still continued, and for this ipecacuanha wine and camphor mixture were ordered. The cough ceased a week later.

Dr. Harley remarked to the students that the remedy does not appear to act by removing the cough, but simply by preventing the occurrence of its chief and most disagreeable symptom—the whoop. It also appears that the larger the dose of the bromide, the more speedy is the cure. To remove the catarrhal after-cough, an ordinary expectorant is all that is required.

Other six cases of whooping-cough were treated with the bromide; but as their histories are imperfect, we need not give them. The results of the preceding five cases are so encouraging, that it is to be hoped other gentlemen will follow Dr. Harley's example, and give the bromide of ammonium a fair trial.—*Lancet*, Sept. 26, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death Resulting from the Use of Chloroform during Labour.—By O. D. Pomery, M. D., of New York. I was called to attend Mrs. C., aged 40, in labour with her tenth child; nine children living. The pains becoming very severe I administered chloroform, avoiding a full anæsthetic effect, in the mean time labour terminating favourably. There was no cough or any unusual symptoms until the patient began to return to consciousness, a period of about half an hour from the commencement of the inhalation. She then had signs of irritation of the air passages, as evinced by a few moist râles. An opiate was administered, with the hope that this state of things would disappear; this being being about 11 P. M. At ten next morning I was summoned in haste to her bedside, and found her breathing with great difficulty; mucous râles were heard throughout the lungs; pulse feeble, with other signs of sinking. Brandy was freely administered, and, after rallying a little, an emetic was given, with the view of relieving the accumulation in the bronchial tubes. It produced no effect, however, beyond a slight emesis. She died in ten or fifteen minutes after. The chloroform was obtained of a reliable druggist, and was manufactured by one of our most respectable chemists.

Upon inquiry of the manufacturers I found that a short time previous (1861) their chloroform was made by a different process, as it was found to be of greater purity. This, however, showed a tendency to decompose upon exposure to the air, giving off free chlorine. At once all in the market which could be found was recalled.

There was no post-mortem, as the friends would not have permitted it had I requested it. All the vital organs, however, seemed normal, and I was unable to assign any other cause of death but the inhalation of the chloroform.—*Amer. Med. Times.*, Nov. 14, 1863.

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Retreat for Intemperate Women.—The subject of the following article, which we copy from the *Boston Medical and Surgical Journal*, is one of great importance, and has high claims to the attention and sympathy of the philanthropist and physician. We trust that the enterprise now commenced in Massachusetts will meet the success it so well deserves and also rouse the benevolent in our State, and indeed every other one in the Union, to inaugurate a similar institution.

"The necessity of making some special provision for the victims of intemperance, partly for the benefit of the individual and partly for that of the community, is beginning to attract general attention, and the subject, in its various bearings, has been brought before the Massachusetts State Board of Commissioners on Insanity, as among the matters deserving their serious consideration.

"Aside from the question of establishing a public asylum for inebriates, the advantages of which would be more naturally confined to the middle and lower classes, it appears that there is as yet in New England no place of refuge for intemperate women of good social position except the public and private lunatic asylums, which are unfitted, in the almost unanimous opinion of their superintendents, for the reception of such cases; at many asylums, indeed, admittance being refused to them, alike in justice to the other patients and to the inebriates themselves. The number of applications at the New York General Asylum at Binghamton far exceeds the possible capacity of the building, while the Washingtonian Home in Boston, whose influence for good is already so extended, is for men alone.

"In accordance with this apparent want, arrangements have been made by which there will be afforded to a limited number of self-indulgent women, whether addicted to opiates or stimulants, the necessary elements for their cure; namely, voluntary seclusion from temptation, the strictest privacy if desired, a location in the immediate vicinity of the city and yet unrivalled for purity of atmosphere and beauty of scenery. The house selected for the purpose is one constructed with especial reference to a comfortable residence during the winter; attendants will be provided of unexceptionable character, and but few patients will at present be received. For further information application may be made to the Secretary of the Commission, Dr. H. R. Storer, at Hotel Pelham, Boston."

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The Sanitary Commission Bulletin.—This is the title of a publication, the first number of which has just appeared and which is to be hereafter issued on the 1st and 15th of each month. It is designed to be the organ of the U. S. Sanitary Commission, one of the most remarkable, widely useful, and purely benevolent associations that has ever been instituted. It will furnish information as to the sanitary condition of our armies and as to the safest and wisest means of applying the gifts of the people to the relief of our soldiers. The Bulletin will also contain all information necessary to soldiers or to soldiers' families; who are entitled to bounties and pensions, and how to procure them at the least expense, and with the most certainty; how furloughs are obtained; how our prisoners of war in the hands of the enemy may be communicated with; how to get convalescents or sick men home; &c. &c.

The office of publication is 823 Broadway, New York City, and the subscription price is two dollars per annum.

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Dutch Translation of Prof. Gross' Surgery.—We have had an opportunity of examining the first volume of Dr. J. D. Sachse's translation of Prof. Gross' Surgery, published at Nieuwediep the present year. This volume constitutes one-fourth of the whole work, so that the Dutch translation will form four volumes. The part we have seen is very elegantly gotten up, and the publisher writes that it has been received with great favour by the profession in Holland. Prof. Gross has reason to be gratified at the superior style in which his work is offered to his brethren abroad, and also with the flattering reception it has met with.

FOREIGN INTELLIGENCE.

Treatment of Drowning.—The following rules have been just issued by the Royal Humane Society. They are stated to be "the results of the labours of the committee of the Royal Medical and Chirurgical Society of London."

DIRECTIONS FOR RESTORING THE APPARENTLY DEAD.—I. *If from Drowning or other Suffocation or Narcotic Poisoning.* Send immediately for medical assistance, blankets, and dry clothing; but proceed to treat the patient *instantly*, securing as much fresh air as possible.

The points to be aimed at are: first, and immediately, the restoration of breathing; and, secondly, after breathing is restored, the promotion of warmth and circulation.

The efforts to restore life must be persevered in until the arrival of medical assistance, or until the pulse and breathing have ceased for at least an hour.

TREATMENT TO RESTORE NATURAL BREATHING.—*Rule* 1. *To maintain a free Entrance of Air into the Windpipe.* Cleanse the mouth and nostrils; open the mouth; draw forward the patient's tongue, and keep it forward; an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

Rule 2. *To Adjust the Patient's Position.* Place the patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small firm cushion or folded article of dress placed under the shoulder-blade.

Rule 3. *To Imitate the Movements of Breathing.* Grasp the patient's arms just above the elbows, and draw the arms gently and steadily upwards, until they meet above the head (this is for the purpose of drawing air into the lungs); and keep the arms in that position for two seconds. Then turn down the patient's arms, and press them gently and firmly for two seconds against the sides of the chest (this is with the object of pressing air out of the lungs. Pressure on the breast bone will aid this.)

Repeat these measures alternately, deliberately, and perseveringly, fifteen times in a minute, until a spontaneous effort to respire is perceived, immediately upon which cease to imitate the movements of breathing, and proceed to induce circulation and warmth (as below.)

Should a warm bath be procurable, the body may be placed in it up to the neck, continuing to imitate the movements of breathing. Raise the body in twenty seconds in a sitting position, and dash cold water against the chest and face, and pass ammonia under the nose. The patient should not be kept in the warm bath longer than five or six minutes.

Rule 4. *To Excite Inspiration.* During the employment of the above method, excite the nostrils with snuff or smelling-salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

The above directions are chiefly Dr. H. R. Silvester's method of restoring the apparently dead or drowned, and have been approved by the Royal Medical and Chirurgical Society.

TREATMENT AFTER NATURAL BREATHING HAS BEEN RESTORED.—*Rule* 5. *To Induce Circulatian and Warmth.* Wrap the patient in dry blankets, and commence rubbing the limbs upwards, firmly and energetically. The friction must be continued under the blankets or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, etc., to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders.

On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm water, small quantities of wine, warm brandy and water, or coffee, should be given. The patient should be kept in bed, and a disposition to sleep encouraged. During reaction large mustard plasters to the chest and below the shoulders will greatly relieve the distressed breathing.

II. *If from Intense Cold.* Rub the body with snow, ice, or cold water. Restore warmth by slow degrees. In these accidents it is highly dangerous to apply heat too early.

III. *If from Intoxication.* Lay the individual on a bed with his head raised. The patient should be induced to vomit. Stimulants should be avoided.

IV. *If from Apoplexy or from Sunstroke.* Cold should be applied to the head, which should be kept well raised. Tight clothing should be removed from the neck and chest. Stimulants should be avoided.

Appearances which Generally Indicate Death. There is no breathing or heart's action; the eyelids are generally half closed; the pupils dilated; the jaws clenched; the fingers semi-contracted; the tongue appearing between the teeth, and the mouth and nostrils are covered with a frothy mucus. Coldness and pallor of surface increases.—*Brit. Med. Journ.*, Sept. 12, 1863.

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Deaths from Chloroform.—Four cases of death, following the administration of chloroform, are recorded in late English journals. Ellen Smith, 16 years of age, died recently from the effect of chloroform, administered by Mr. Gay, of 10, Finsbury Place. The chloroform was administered at the request of the deceased, who was desirous of undergoing an operation. Everything necessary was done for the patient's safety, except that her pulse was not continually kept in the hand of Mr. Worley, Surgeon of Hoxton, while he was administering the chloroform under Mr. Gay's superintendence. After a long consultation, however, the jury, at the inquest, returned a verdict "that Ellen Smith died from the effects of chloroform, and that there was no blame attached to the medical men."

Another case has occurred in the practice of Dr. Blackmore. The subject of it was a young woman, named Emily Luther, suffering from fistula. At the inquest Dr. B. stated that the chloroform was administered on a handkerchief, which "he placed on her face; she inhaled it freely and was soon under its influence, but struggled slightly while she was insensible. The whole quantity of chloroform taken was four drachms and a half. She was insensible for about six or seven minutes. The chloroform was quite pure, and of the usual specific gravity. As she became insensible I commenced the operation, which lasted two or three minutes. The handkerchief was removed before the operation. At the termination of the operation I found she had revived; her respiration became gradually slower, and ceased in about three minutes. I applied cold water to the face, administered sal volatile, used the galvanic apparatus, and had recourse to Dr. Marshall Hall's plan for procuring artificial respiration, without effect."

On the 23d of Sept. a man died under chloroform in the London Hospital; and on the following day another under the same influence at St. George's.

Dr. Charles Kidd, in a letter to the editor of the *Dublin Med. Press.* (Nov. 4, 1863), states that he has attested details of 150 deaths from chloroform.

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Iridectomy.—There is doubtless, to a certain extent, a fashion in surgical operations, just as there is a fashion in drugs; and we have no doubt that the fashion rules in ophthalmic as in all other branches of surgery. Our opinion is asked of iridectomy. We can only speak of it from what is reported of it; but certainly, unless report be a very false guide, iridectomy must be considered as of the fashionable sort of operations.

In proof of this, if we are rightly informed, for example, it is an operation which is much more rarely performed now than it was when first introduced amongst us. Some first-rate ophthalmic surgeons have, we believe, never performed it at all; and others, again, who have done so, now no longer resort to it or admit it into their practice. Again, we have heard one celebrated eye-surgeon say, that he believed that twenty years hence the operation will be a mere matter of history. Of course it is, on the other side, difficult not to accept as a fact, that great benefits sometimes result from the operation; otherwise it would not be so highly praised by great authorities.

In this dissonance of opinion, as impartial observers, we can only say, that we think the real value and purposes of the operation have yet to be clearly laid down and more definitely described. There is, apparently, some mystery still enveloping the *rationale* of iridectomy. Every one knows and understands why an opaque lens is extracted or broken up; but the benefits of iridectomy are not so patent and comprehensible to the general observer.

We must suppose that a difficulty sometimes occurs in surgery as well as in medicine respecting the relation of the antecedent to the sequence. It may be, in this matter of iridectomy, that the operation (though the antecedent) is not always the cause of the beneficial results which follow its performance. However, we can only suggest, that materials must surely be now sufficiently abundant to afford surgeons an opportunity of coming to something like a consistent opinion on this important point. We regard the operation as we should a drug; and if we find that one set of qualified observers see no virtue in it, and that another set of equally qualified see it full of excellence, we reasonably conclude that the actual and real value of the article has yet to be determined.—*Brit. Med. Journ.*, Sept. 26, 1863.

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Hereditary Cataract.—Dr. Frobelius related to the St. Petersburg Medical Society a case of cataract, as observed in the fourth generation, expressing his opinion that the affection may be hereditary. Indeed, several interesting cases have been related by Beer, Lusardi, Arlt, etc. According to the last named author, we may regard cataract as hereditary, when the same form of the disease (according to him, soft lenticular cataract) is observed affecting both eyes at the same epoch of life, this not being in old age, but during the first half of life. The instance adduced by Dr. Frobelius was the following: M. F. was twice married. By the first wife, whose eyes were healthy, he had two children, whose eyes, as well as those of their children, were not defective. His second wife became, in her sixtieth year, the subject of cataract, which was operated upon; and she lived, having the use of her eyes, until her eightieth year. She bore twelve children, of which number four became the subjects of cataract, the remainder of the family, as well as their children, having good eyesight. Of the four the subjects of cataract, the following account is given: 1. Amalie F. married into a family in which cataract was unknown, and was operated upon when near 69 years of age. She had a son, Reinhold, who was very early blind, and twice operated upon without success. Reinhold also had a son, who became cataractous in childhood, and was operated upon with success. A sister of Reinhold had a daughter who became the subject of cataract in her tenth year, and was operated upon with success. 2. Louisa F. married into a family in which cataract had not appeared. In old age she had cataract, and died without any operation. Of her eight children, two had become cataractous by the thirtieth year of their age. 3. Natalie F. had feeble sight, and of her four children one suffered from cataract. 4. George F. was operated on with success for cataract in his old age. He had ten children, and of these three had cataract while young. Of the great-grandchildren, none have as yet exhibited cataract. The author believes these twelve cases suffice to prove the hereditariness of the affection, although the cataract has not always assumed the same form, or appeared at the same age.—*Med. Times and Gaz.*, Aug. 8, 1863, from *St. Petersb. Zeitschr.*, vol ii.

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Tetanus of New-born Infants.—Mr. Harvieux thus sums up an interesting paper giving an account of two cases of this affection: 1. New-born infants are liable to an affection presenting all the characters of true tetanus, which must not be confounded with tetaniform eclampsia. 2. It manifests itself by tetanic rigidity of all the muscles; is accompanied by the phenomena of asphyxia; lasts from one to five days, and terminates almost always fatally. 3. Anatomically, it consists in an apoplectic condition of the cerebro-spinal membranes, especially the spinal, and in visceral congestions due to the asphyxia. 4. Among the most probable predisposing causes may be mentioned the non-maturity or imperfect development of the fœtus, while the action of cold, under its different varieties, is the determining cause. 5. The preventive treatment consists in adopting precautions against cold, and the curative in the employment of local bleeding, especially by cupping.—*L' Union Méd.*

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A Cause of Bronchitis.—It has been found, in France, that the use of threshing and winnowing machines has produced an immense amount of bronchitis and disease of the throat and chest among the labourers employed, who are exposed to an atmosphere charged with dust, which affects them so powerfully, that in some parishes there are whole families of confirmed invalids. To such an extent has the evil gone, that the *maires* have issued an order that the labourers employed near this machinery must work in veils.—*Brit. Med. Journ.*, Sept. 26, 1863.

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Auscultation of the Head.—We find the following unhandsome (not to use a harsher expression) remarks in the *Medical Times and Gazette* of the 27th June last, in a notice of a work by M. H. Roger, M. D.

"About twenty years ago, a kind of hoax was perpetrated on the medical profession by two American physicians—Drs. Fisher and Whitney—who pretended that they had discovered a series of morbid sounds by auscultation of the head of children and adults, and promised that the ear should be as available for detecting disease in the brain as it is in the chest. The universal experience of physicians soon showed that all this was futile."

Now, it is proper to state that two more conscientious and careful observers than the late Dr. Fisher and Dr. Whitney are nowhere to be found. They were altogether too honourable to desire to deceive their brethren. That they may have been mistaken is possible, but English physicians have not always been infallible in their observations. The new editor of the Journal we quote from, we regret to say, seems to us to seize every opportunity to asperse and misrepresent the profession of this country, and to exhibit a spirit of ill feeling but little worthy of a man of science and of a practitioner of the healing art.

Nor is this malevolence peculiar to the Journal in question, we regret to have to say. We scarcely take up a number of an English Medical Journal which does not exhibit the same feeling. The transactions at the Williamsburgh, Virginia, Insane Asylum so disgraceful to the humanity of the Confederates and highly honourable to the Federals, is utterly misrepresented in the London *Lancet*, and the occasion taken to vituperate our country. Even that respectable journal, the *British and Foreign Medico-Chirurgical Review*, in its last number, shows something of the same disposition, and goes out of its way to say unkind things of us. The review of the reports of our Sanitary Commission—which, by the by, we must do the writer the justice to say is complimentary—closes with a sentence which it could not be supposed would be agreeable; and in the Review, in the same number of Dr. Elsberg's paper, on the "Domain of Medical Police," the writer indulges in the following remarks, which are as offensive as they are destitute of any foundation in fact:—

"But it would be almost impossible to place medical police in a point of view more opposed to our insular notions than a German physician, Dr. Elsberg, has done for the benefit of his adopted country. Possibly, the forcible suppression of liberty in the Federal States of America, may have encouraged our author to show cause for State control of a far more justifiable kind than President Lincoln's despotic efforts to crush freedom of thought and speech."

We have not before noticed the ungenerous criticisms of our brethren on the other side of the Atlantic, for we believe that a medical journal is not the place to discuss political questions. We therefore trust that our English contemporaries will yield hereafter a less ready credence to the misrepresentations of Southern emissaries, and leave political disquisitions to their appropriate arena.

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Treatment of Wounded Prisoners by the Federals and by the Rebels.—We extract the following statement made by a correspondent of the *London Medical Times and Gazette*, and published in the number of that Journal for Aug. 8, 1863. We do not know who is the writer of the letter, but the whole tone of the communication shows that the author is not a partisan.

The letter is dated near Gettysburg, July 17th.

"The rebel wounded in our charge have fared, so far as comforts and attention went, as our own men fared. Before our supplies came up they made no complaints, after their arrival they declared they had not had such a gay time since their Confederacy commenced to exist. The surgeons, in bringing their cases to the table, never examined previously if a man wore blue pants or gray, but looked simply at the nature of the wound. Had they been within their own lines they could not have been so well attended to. I have seen now Confederate wounded in the hands of the Federals, and Federal wounded in the hands of the rebels, and I cannot but say that in acting the good Samaritan the north bears off the palm. At Chancellorsville battle the rebels removed their wounded to be cared for at Richmond, leaving the 1200 northern wounded to lie upon the field. The rebel soldiers near them gave them what help they could, but the rebel government did nothing—but confiscate the captured surgeon's cases and hospital knapsacks, looking upon them as Government property. On the misery being represented to those in authority, sugar, flour, bacon, and hard bread were plentifully issued to the wounded. This was all, they said, they could give, because it was all they had. Still, they could have done more; they could have removed these 1200 men to Richmond along with their own wounded, to fare as they fared; they could have sent a detail of surgeons from their army at Fredericksburg to attend to them; and from Richmond—only a couple of hours away by rail—straw, at least, might have been sent for them to lie upon. What would have been said had the Unionists acted similarly at Gettysburg?—had they removed their own wounded by rail, and left 10,000 rebels to lie upon the field with simply hard bread, bacon, sugar, and flour to sustain them, and with no surgical assistance save the dozen medical men whom Lee sent over to take care of them? Had this been done, God help the Yankees! we would never have heard the end of it."

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Typhus fever in London.—Typhus fever, it seems from late accounts, has been on the increase in London and is now very prevalent. In June of the present year there were 89 patients admitted into the London Fever Hospital; in July, 122; in August, 115; in September, 172; and in the period from October 1 to October 20, 159. On August 31 there were 80 patients in the Hospital; on September 30, 134; and from October 9 to 20th the number had risen to 180. Since October 9 the woman's side of the Hospital has been quite full, and the man's side nearly so. Patients have daily been refused admission, and the increase of fever cases has been so marked and so rapid that the Physicians have thought it necessary to urge on the Committee of the Hospital the propriety of erecting a shed to accommodate 60 extra patients.

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Resignation of Professor Trousseau.—Prof. Trousseau has offered his resignation as Clinical Professor in the Faculty of Medicine which he has so ably filled for upwards of thirty years, being, he says, now turned of 62, and because to perform the duties of the chair, as he has always done, will demand an amount of labour for which his strength and activity will not much longer suffice. The students, however, are not willing to part with their professor, and have petitioned the Minister of Public Instruction not to accept the resignation.

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Syphilis conveyed by Vaccination—Two instances of this have lately occurred in Paris. One of these was related to the Surgical Society of Paris by M. Chassaigne; and the other by M. Hirard to the Medical Society of Hospitals.

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Poisonous Properties of Thallium—M. Lami, through Mr. Dumas, tells the Academy of Sciences that thallium—one of the new bodies discovered through spectral analysis—has poisonous properties. A very small quantity suffices for the destruction of dogs, rabbits, and fowls. The chief symptoms are intestinal pains, tremblings, paralysis of lower extremities, and death. M. Lami was led to consider thallium a poison, in consequence of having experienced, during his preparation of it, symptoms which were new to him, and amongst them, a remarkable feeling of weariness. Its presence in the body is readily shown. A portion of any part of the body poisoned by it, not bigger than a pea, is enough for the analyst. Its presence will be instantly disclosed by spectral analysis. We shall hear more of this, no doubt; for M. Lami has presented M. Bernard with a quantity of thallium for experiment—the society for the protection of animals notwithstanding. We need hardly add, that thallium will be rapidly introduced into the practice of medicine. We shall now every day expect the announcement from some *confrère* of the wonderful "effects of thallium" in epilepsy or some other like incurable disease, with, of course, a list of cases distinctly illustrative of the statements and belief of the author.—*Brit. Med. Journ.*, Sept. 12, 1863.

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Scarlet Fever in England—London is at present suffering from a more formidable epidemic of scarlet fever than has prevailed there for upwards of twenty years, and the disease is rife all over England. Of the total number of deaths in London during the first eight months of the present year, one in every fourteen was due to scarlatina.

Longevity in Scotland.—Mr. WATFORD stated at the late meeting of the "British Association for the Advancement of Science—Department of Public Health" that he was of opinion from official and other returns before him, and from a careful consideration of facts, that during the present century from 1800 to 2000 persons had died in Scotland aged "one hundred and upwards." He had compiled a list of these to the extent of several hundreds; and amongst these were two at 180, three at 140, one at 137, one at 136, one at 134, one at 132, several at 130, and so on downwards to a century. The greatest ages occurred in the Western Isles. In the list compiled, the towns contributing most largely are: Edinburgh, 36; Aberdeen, 35; Inverness, 26; Lanark, 24; Perth, 17; Fife, 12. Many of the male centenarians mentioned had fought in the battles of Killiecrankie, Sheriffmuir, Culloden, Falkirk, and Prestonpans. The case of Peter Gordon was particularly referred to; he died at Auchterless, Aberdeenshire, in 1775, aged 131 years. He lived under no less than ten rulers—viz., Charles I., Oliver Cromwell, Richard Cromwell, Charles II., James II., William and Mary, Anne, George I., George II., George III. A portrait of him is carefully preserved in the Museum of the Perth Antiquarian Society. Speaking of longevity in families, the paper noted the case of the Macdonalds in Edinburgh. Peter Macdonald died here in 1772, aged 109; his father died aged 116; his grandfather aged 102; and some of their later descendants had died at ages above a century. Generally the writer adopted the dictum of the Census Commissioners for 1851—"The prolongation of the people must become an essential part of family, municipal, and national policy."—*Social Science Review.*

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Receipt for a Deep Black Ink.—The *Chemical News* gives the following recipe, which may be useful to our country readers: Take 14 ounces of powdered galls, 5 ounces of powdered gum Senegal, 6 quarts of distilled or rain water, 6 ounces of liquor of green vitriol free from copper, 1 drachm of liquor of ammonia and 8 ounces of spirit of wine; mix these in an open vessel, and allow them to stand, stirring frequently, until the ink attains the desired blackness. This ink will not corrode steel pens.

PUBLISHERS' NOTICE.

SUBSCRIBERS to the "AMERICAN JOURNAL OF THE MEDICAL SCIENCES" are reminded that payment in advance is requisite to secure the "*Medical News and Library*" gratis and free by mail. A remittance of the annual subscription, Five Dollars, before the 1st of January will insure their receiving both periodicals for the ensuing year. Subscribers to the *News* separate, will also please to send their subscriptions, One Dollar, as the *News* is only sent for payment in advance.

In the present number is concluded the treatise on Asthma, by Dr. Salter, which has occupied the Library Department during the year 1863, and has given so much satisfaction to subscribers. In the number for January, 1864, will be commenced

CONSUMPTION: ITS EARLY AND REMEDIABLE STAGES.

BY EDWARD SMITH, M.D.

PHYSICIAN TO THE BROMPTON CONSUMPTION HOSPITAL, ETC.

A work of high practical character (see review in the "American Medical Journal" for January 1863), the completion of which may be expected in the year 1864. Subscribers desirous to secure it should lose no time in forwarding their subscriptions.

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